

Form: QA-PSA-1B  
 Frequency - Annually in May  
 Date- \_\_\_\_\_

**Institute Quality Assurance Cell**  
**Professional and Social Activities Committee**  
**Consulting Process Mapping Feedback Form**  
 (To be completed after completion of the Consultancy Project)

| Project ID | Project Title | Date of Completion | Faculty ID | PI / Investigators | Amount Used       |             | Amount Received | Account settled and utilization certificate issued | Feedback on institute facilities used | Feedback on Human Resources used | Achievements/ publications/ outcomes of project | Feedback of Company<br><br>5 (Highest)<br><br>1 (Least) |
|------------|---------------|--------------------|------------|--------------------|-------------------|-------------|-----------------|--|---------------------------------------|----------------------------------|---|---|
|            |               |                    |            |                    | Institute charges | Service Tax |                 |  |                                       |                                  |   |   |
|            |               |                    |            |                    |                   |             |                 |  |                                       |                                  |   |   |
|            |               |                    |            |                    |                   |             |                 |  |                                       |                                  |   |   |
|            |               |                    |            |                    |                   |             |                 |  |                                       |                                  |   |   |

Signature of PI \_\_\_\_\_

Signature of HoD \_\_\_\_\_