 

## Standard Operating Procedure (SOP) (Functional Flowsheet)

Receiving the Enquiry / Generating the Lead

Filling the Requisition/ Registration Form for the service

Forwarding to Division Head & Consultant

Forwarding to Inst. Coordinator, Consultancy

Approval from Dean/ Director & Group Coordinator, Consultancy

Demanding & Receiving Work Order from Client

Submission of Fees & Generation of Invoice through accounts

Initiation & Assignment of Task to Consultant & team

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# SAGE Consultancy Services

Reference No: Name of the Applicant: Mobile No: Qualification Email ID: Correspondence Address:



Personal Information

Name of Organization: Designation: Office Address:



Professional Information

Division: Duration: Type of Work: Short Description:



Job Work Description

(Please Attach Detailed Description in about 100-200 Words as Annexure)

Declaration

It is hereby declared that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Client) has attended the meeting with respect to his application for the above stated job work applied to SAGE Consultancy Services with his Consultant(s) and understood the Terms and Conditions as specific to this job description, and he agrees to abide with the same.

The Final Fees decided is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and applicable to the Current Application only, any additional or recurring requests will be charged additional as per the agreement.

(Signature of Client and Consultant)

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Place\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Dean/ SCS Coordinator) (Head of School)

(Director General)

(Name & Signature with Date)

For Office Use only

Job Allotted to Division: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Division Head: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Consultant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date(s) of Meeting with Client: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_



Job Allotment Details

Tentative Date of Completion\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Fee \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_



Fee Information

Advance Fee paid \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Receipt no. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Balance Fee\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SCS Coordinator Division Head Accounts Officer (Name & Signature with Date)

Copies of this Part to be sent to(CC) -

|  |  |  |
| --- | --- | --- |
| **Office** | **Name** | **Receiving** |
| **Respective Director / Dean office** |  |  |
| **SCS SGI Coordinator** |  |  |

 

## Auxiliary/Additional consultancy form

|  |  |
| --- | --- |
| Name of Organization |  |
| Name of Division Head |  |
| Title of Work |  |
| Reference ID |  |
| Name of Consultant(s) |  |
| Duration |  |
| Description of Earlier consultancy |  |

Details of the work to be added

|  |  |
| --- | --- |
| Details of Additional work |  |
| Details of Additional Consumables |  |
| Details of Additional Facilities / Equipments/ Infrastructure |  |
| Other details if any |  |
| Previous Cost |  |
| Costing after Addition of work |  |

Consultant (s) SCS Coordinator (SUI/SGI/SUB) Dean/ Director

SAGE Consultancy Service