



Consultancy Declaration Form

Part A: Service Provider and Project Details

Title of the Consultancy Project / Service: _____

Objectives: _____

Project Timelines:

Start Date: _____

End Date: _____

Contract Value (PKR) / Facilitation by Service Seeker: _____

Service Provider Details:

Name: _____

Designation: _____

Department: _____

Faculty: _____

Contact (Phone): _____

Contact (Email): _____

Areas of Expertise: _____

Part B: Service Seeker and Consultancy Nature

Service Seeker Details: _____

Name (Firm or Person): _____

Address: _____



Country: _____

Contact (Phone): _____

Contact (Email): _____

Type of Consultancy Services (Feasibility, Prototype Development, Testing, Analysis, Crop Advisory, etc.): _____

Key Deliverables out of the Consultancy Contract: _____

Tenure of the Consultancy: _____

Amount of the Consultancy (optional): _____

Name and Department of any other Consultant from SBBU SBA involved in this Consultancy, if any: _____

Co-consultant, if any, from outside the SBBU SBA: _____

Damaging clause if any: _____

How can we help you to execute this consultancy (charges recovery, technical support etc.): _____

Part C: Declaration and Signatures

Conflicts of Interest:

Any undertaken consulting work must be disclosed on this form to the ORIC. The policies and procedures for declaring interests and avoiding conflicts must be followed by all academics.

I confirm that the information provided as above is full and correct.

Sign (Service Seeker)

Stamp (if any)

Sign & Stamp (Service Provider)



For ORIC Use Only

Reference no: _____

Date of Declaration: _____

Support to be provided (mark the relevant):

- Legal Support
- Financial/Payment recovery support
- Technical assistance/arrangements of other relevant resource person
- Relaxation in academic work
- Any other

Remarks, If any: _____

Manager I&C

Director ORIC