EDP PROPOSAL SUBMISSION FORM

TITLE OF THE EDP ***(Kindly fill in BLOCK letters)***

Program Coordinator (PC)	
Name:	Designation:
Department/Centre:	Email:
Telephone:	
EXPECTED TIME SCHEDULE	
Duration: _____Years _____ Months _____ Weeks _____ Days	Starting Date:

CLIENT DETAILS ***(Kindly fill in BLOCK letters)***	
Firm's Name:	Contact Person's Name:
Address:	Designation:
City: Pin:	Phone:
Phone:	Email:

TOTAL CHARGES AND PAYMENT DETAILS: Total Value ***(in figures)****:* **₹**
Total Value ***(in words)****:*
OUTLINES OF THE EDP ***(attach separate sheet, if necessary):***
VENUE (*specific venue should be designated to avoid scheduling overlaps*):

Signature of the Program Coordinator Date:
Signature of HOD Date:

(**Proposals shall be routed through the respective HODs of the PCs and forwarded to PIC CE&O through e-office only**).

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EDP-2

IIT(ISM) DHANBAD
ESTIMATE FOR EDP

Title : _____

Type of Job : EDP National/International

Proposal: Attach Form EDP-1

Employee's Name & Emp. Code	Designation	Department/ Centre	Tentative share of each member (%)	Signature
PC:				
Co-PC:				
Member:				

Estimation break-up:

Sl. no.	Budget Head Description	Total (₹)
A	Institute Charges @ 35% of Total Charges (E) ***(Excluding boarding & lodging charges, C3) {=(E-C3)*0.35}***	
B	Centenary Support Charges* @ 5% of Total Charges (E) ***(applicable from 1st January 2025 to 31st December 2026)***	
C	**Expenses (C1 to C6)**	
	C1. Field visits	
	C2. Salary/cost of labour, Honorarium to staff, outside consultants, travel, etc.	
	C3. Lodging and boarding charges	
	C4. Contingency / consumables etc. (***not exceeding 20% of E***)	
	C5. Academic activities (if any)	
	C6. Equipment charges, if any (To be credited to DDF/CDF)	
D	Coordination charges (E-A-B-C)	
E	**Total Charges (A+B+C+D)**	
F	**GST @18% on total charge (E)**	
G	**Gross Amount**	

*** After 31st December 2026, the Institute charges (IC) will be 35% for EDP (excluding boarding and lodging charges).**

Note: (Proposal for program shall be routed through the respective HODs of the PC and Co-PCs and forwarded to PIC CE&O through e-office only).

Signature of the Program Coordinator
Date:

Signature of the HOD
Date:

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ACCOUNT DETAILS

Name of the Account:	IIT ISM CEP ACCOUNT
Account Number:	110261358281
Name of the Bank:	CANARA BANK
IFS Code:	CNRB0000986
SWIFT CODE:	CNRBINBBBFD

IIT(ISM) DHANBAD
DISBURSEMENT SHEET

EDP No.:

A. Details of Receipt/Payment:			
A1	Total Charges		
A2	GST @ 18% of the Total Charge		
A3	Total Amount received vide receipt No ……. Dated ..... (Please attach copies of receipts)		
A4	Deduct: Actual expenditure/payments already made (Please give details)		
A5	Balance available for disbursement		
B. Credits & Disbursement			
B1	GST @18% of the Total Charge		
B2	Institute Charges @ 35% for EDP Program of total charge of A1		
	(i) CEP Support Charges @ 65% of Institute Charges		
	(ii) Department/Centre Development Fund @ 15% of Institute Charges.		
	(iii) PDF @ 10% of Institute Charges		
	(iv) Central Administrative Charges @5%		
	(v) Outreach Activity (viz., Swachh Bharat Abhiyan, Unnat Bharat Abhiyan, Skill India) @ 5% of Institute		
C	Centenary Support Charges @ 5% of total amount, (**applicable from 1st January 2025 to 31st December 2026**)		
D	Alumni fund Rs. 100/- per participant (for EDP)		
E	Equipment charges, if any (to be credited to DDF/CDF)		
F	Amount to be credited to PDF of the PC/Co-PC (if any)		
G	Total credit (Add B1 to F)		
H	Balance Available for disbursement (A5 - G)		
J	Amount to be released as per list attached (Annexure I & II)		

Encl: Distribution list (**Annex-I**) of Coordination charge, honoraria to Resource Persons (***details mentioning classes conducted per hour***) & support staff (**Annex-II**), and final closure report of EDP.

Signature of Program Coordinator

Signature of HOD

Annex – I

EDP No.: _____

A. Details of Disbursement to PC/Co-PCs:

A1. Coordination Charge/Honorarium for PC & Co-PC:

Sl. No.	Name	Employee Code	Designation & Department	Gross Amount (₹)	Signature
(i)					
(ii)					
(iii)					
(iv)					
(v)					

This is to certify that the final report has been submitted to the client on _____. One copy of the report has been retained by the Programme Coordinator (Name of the PC: _____), and another copy has been forwarded to the Office of the Dean (CE&O) via email (officeofdcep@iitism.ac.in) on _____.

Signature of the Program Coordinator

Name: _____

Date: _____

Annex – II

EDP No.: _____

B. Details of disbursement of honoraria to support staff:

Sl No.	Name	Emp. Code	Amount (₹)	For Dean (CE&O) office use only		
				Gross Annual Salary (GAS) of previous F.Y.	100% of GAS of previous F.Y.	*Total honoraria processed for payment so far in the current F.Y.
(i)						
(ii)						
(iii)						
(iv)						
(v)						

Total honoraria should not exceed 100% of Gross Annual Salary

This is to certify that the abovementioned project has been successfully completed, and the report/course volume has been submitted to the client on _____.

Signature of the Program Coordinator

Name: _____

Date: _____

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Remarks: _____ Dealing Assistant

May be processed for payment:

AR (P) Dean (CE&O)/Director