

Consultancy Declaration Form

Form ORIC-UOS-18

Instructions:

1. Please only type in the gray area by clicking the cursor there
2. Try to write precisely
3. Hard copy/handwritten forms will not be entertained
4. After completion, convert the form into PDF for onward transmission
5. Share the form with ORIC for official work
6. Consultancies declared to ORIC that were gotten without any support from ORIC will not be subject to revenue sharing as per the Intellectual Property Ownership and Consultancy Policy
7. Share it at [**oric.media@uos.edu.pk**](mailto:oric.media@uos.edu.pk)

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| --- |
| **A. Please tell us about yourself so we can better furnish our value proposition for you** |

|  |  |  |
| --- | --- | --- |
| 1. | Name: |  |

|  |  |  |
| --- | --- | --- |
| 2. | Designation: |  |

|  |  |  |
| --- | --- | --- |
| 3. | Faculty: |  |

|  |  |  |
| --- | --- | --- |
| 4. | How may we access you for further support? Contact Details: | |
|  | Phone: | Email: |

|  |  |
| --- | --- |
| 5. | Your areas of expertise where we can arrange more consultancies for you? |
|  | * Keep text in bullet Format |

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| **B. Please tell us more about your current work** |

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| --- | --- |
| 6. | Title of the Current Consultancy |
|  |  |

|  |  |
| --- | --- |
| 7. | Nature of the Consultancy |
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|  |  |
| --- | --- |
| 8. | Tenure of the Consultancy |
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|  |  |
| --- | --- |
| 9. | Amount of the Consultancy (optional) |
|  |  |

|  |  |
| --- | --- |
| 10. | Consultee (Firm or Person) |
|  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| 11. | Contact of the Consultee | | |
|  | Email: | Phone: | Signature: |

|  |  |
| --- | --- |
| 12. | Name and Department of any other Consultant from the University of Sargodha involved in this Consultancy, if any. |
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|  |  |
| --- | --- |
| 13. | Co-consultant, if any, from outside the University of Sargodha |
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| --- | --- |
| 14. | Damaging clause if any. |
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| --- | --- |
| 15. | How can we help you to execute this consultancy (charges recovery, technical support etc.) |
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I confirm that the information provided above is full and correct.

Name (Consultant):

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|  |

Signature with Date:

|  |
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For ORIC-UOS use only

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| 1. | Ref. Number: |  |

|  |  |  |
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| 1. | Date of Declaration: |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 5. | Support to be provided if any | I. | Legal support | |
|  |  | |  |
|  | II. | Financial/Payment recovery support | |
|  | | | | |
|  |  | III. | Technical assistance/arrangement of other relevant resource person | |
|  | | | | |
|  |  | IV. | Relaxation in academic work/ Any other | |

Remarks if any;

\_\_\_\_\_\_\_\_\_\_\_\_

Director ORIC Dated: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_