Indian Institute of Technology Kanpur
Centre for Continuing Education

Form for submitting proposals for

☐ Sponsored ☐ Conference ☐ Short-Term Course ☐ Workshop ☐ Symposium ☐ Seminar

1. Title: ____________________________________________________________

2. Name of the Organizer(s): ____________________________________________

3. Proposed Period(s): From: ________________ To: ________________

4. Objective(s): ______________________________________________________

5. Likely number of participants:

6. Financial Sources:

   (i) Registration Fee: (a) Non IITK Faculty ________ (b) IITK Faculty ________

      (Course Fees + 18% GST) (b) Non IITK Students ________ (d) IITK Students ________

   (c) Personnel from Industries/ R&D Organizations ________

   (ii) Funding Agency (ies): _________________________________________

   (iii) Any other: _________________________________________________

7. Number of rooms required in Visitors’ Hostel:

8. For Lecture Requirements:

   ☐ Class Room in Outreach Building  CCE Office (capacity 40) ________

   ☐ Seminar Room (Small) in PBCEC (capacity 36) ________

   ☐ Conference Room in PBCEC (capacity 20) ________

   ☐ Seminar Room (Big) Main Hall in PBCEC (capacity 64) ________

   ☐ I. I. T. Outreach Centre at Noida (Sector 62) ________

9. I understand that overheads @ 20% of the gross receipts is payable to CCE. (Signature of the Course/Workshop Coordinator with date)

10. Recommendation of the Head, CCE on the availability of rooms in VH

    (i). The required no. of ______ rooms are available and earmarked for the purpose ______

    (ii). There is only ____ no. of rooms available and the same are earmarked ______

May please be approved,

__________________________
(Head, CCE)

APPROVED

DEPUTY DIRECTOR