SHORT-TERM COURSE UNDER CCE

PROFORMA – I

1. Title of the Course: ________________________________________________________

2. Course Coordinator (s): _____________________________________________________

3. Duration of the Course: _____________________________________________________

4. Number of teachers/students participants who had agreed to participate: __________

5. Number of teachers/students who actually participated: _______________________
   (Please enclose list with addresses)

6. Number of participants from Industries and other organizations: ________________
   who actually participated (Please attach list)

7. Please attach a list of faculty and guest speakers who delivered lectures.

8. Amount of Registration fee received from participants: Rs. ______________________

9. Overheads paid to CCE (20% of amount in Sl. No.8) Rs. _______________________

10. Has a copy of the statement of expenditure submitted to CCE Office? Yes / No

11. If lecture notes have been prepared and distributed to the participants. Please attach one
    copy of the same.

Dated:

______________________________________________
(Course Coordinator)

Dept. / Prog. Of ______________________________
Course Title : _______________________________________________ 

Course Coordinator (s): _______________________________________ 

Department : _________________________________________________ 

Duration : From: ________________ To: ________________ 

Course Conducted at: __________________________________________ 

Receipt. Payments. 

Contingencies ________________________________ 

Honorarium: ________________________________ 

Institute Overhead Charges: _______________________

Total Receipt: ________________ Total Expenditure: ________________ 

Balance (if any) ________________ 

Proposed use of the Balance amount: ___________________ 

__________________________________________ 

Course Coordinator