SHORT-TERM COURSE UNDER CCE
COURSE COMPLETION REPORT

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 ________________________________
## RECEIPT AND PAYMENT ACCOUNT

### STATEMENT OF EXPENDITURE

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<th>PROFORMA II</th>
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<tbody>
<tr>
<td><strong>Course Title</strong>: ____________________________________________</td>
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<tr>
<td><strong>Course A/c No.</strong>: ____________________________________________</td>
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<tr>
<td><strong>Course Coordinator (s)</strong>: ____________________________________</td>
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<td><strong>Department</strong>: ______________________________________________</td>
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<tr>
<td><strong>Duration</strong>: From: ___________________ To: ___________________</td>
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<td><strong>Course Conducted at</strong>: ______________________________________</td>
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