Centre for Continuing Education  
Indian Institute of Technology  Kanpur

Form for submitting Proposals for  
☐ Sponsored ☐ Self-financed ☐ Short-Term Course ☐ Workshop ☐ Symposium ☐ Seminar

1. Title: ________________________________________________________________

2. Name of the Organizer(s): ____________________________________________

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

4. Objective: ___________________________________________________________

5. Likely number of participants: _________________________________________

6. Financial Sources: i) Registration Fee:  
   a) Non IITK Faculty ______  b) IITK Faculty ______
   (Course Fees + 18% GST) c) Non IITK Students ______ d) IITK Students ______
   e) 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:  
   Expected no. of participants  
   Date  
   Time  
   □ Class Rm. near CCE Office (capacity 45) ___________________ _______________ __________
   □ Conf. Room. near CCE Office (capacity 30) ___________________ _______________ __________
   □ Seminar Rm. (Small) in PBCEC (capacity 36) ___________________ _______________ __________
   □ Conference Rm. in PBCEC (capacity 20) ___________________ _______________ __________
   □ Seminar Rm. (Big) Main Hall in PBCEC (capacity 64) __________ _______________ __________
   □ I. I. T. Outreach Centre at Noida ( Sector 62) __________ _______________ __________

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

Forwarded and Recommended

(Head of the Department)  

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