



# 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
<input type="checkbox"/> Class Rm. near CCE Office (capacity 45)	_____	_____	_____
<input type="checkbox"/> Conf. Room. near CCE Office (capacity 30)	_____	_____	_____
<input type="checkbox"/> Seminar Rm. (Small) in PBCEC (capacity 36)	_____	_____	_____
<input type="checkbox"/> Conference Rm. in PBCEC (capacity 20)	_____	_____	_____
<input type="checkbox"/> Seminar Rm. (Big) Main Hall in PBCEC (capacity 64)	_____	_____	_____
<input type="checkbox"/> 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