



# Centre for Continuing Education Indian Institute of Technology Kanpur

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## ADVANCE FOR SHORT TERM COURSE UNDER CCE

1. Course Account No.: \_\_\_\_\_
2. Title of the Course: \_\_\_\_\_  
\_\_\_\_\_
3. Name of Course Coordinator: \_\_\_\_\_ P.F. No. \_\_\_\_\_
4. Department / Programme: \_\_\_\_\_
5. Course Dates: From: \_\_\_\_\_ To: \_\_\_\_\_
6. Amount of advance requested: \_\_\_\_\_

For Office Use Only

Sanctioned Amount: \_\_\_\_\_

Amount Already Drawn: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature of Course Coordinator(s)

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CENTRE FOR DEVELOPMENT OF TECHNICAL EDUCATION  
INDIAN INSTITUTE OF TECHNOLOGY KANPUR

No.CCE/STC/

Dated:

Approved

\_\_\_\_\_  
Head, CCE