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 of Course Coordinator(s)

Signature

CENTRE FOR DEVELOPMENT OF TECHNICAL EDUCATION
INDIAN INSTITUTE OF TECHNOLOGY KANPUR

No.CCE/STC/ Dated:

Approved

___________________________
Head, CCE