SHORT-TERM COURSE UNDER CCE

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 ________________________