

# Centre for Continuing Education Indian Institute of Technology Kanpur

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## SHORT-TERM COURSE UNDER CCE

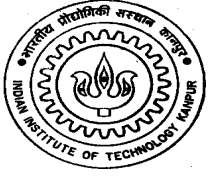
### *PROFORMA – I*

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 \_\_\_\_\_



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## RECEIPT AND PAYMENT ACCOUNT

### STATEMENT OF EXPENDITURE

### PROFORMA II

Course Title : \_\_\_\_\_

Course Coordinator (s): \_\_\_\_\_

Department : \_\_\_\_\_

Duration : From: \_\_\_\_\_ To: \_\_\_\_\_

Course Conducted at: \_\_\_\_\_

Receipt.

Payments.

Contingencies \_\_\_\_\_

Honorarium: \_\_\_\_\_

Institute Overhead Charges: \_\_\_\_\_

\_\_\_\_\_

Total Receipt: \_\_\_\_\_

\_\_\_\_\_

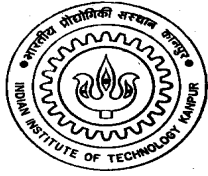
Total Expenditure: \_\_\_\_\_

Balance (if any) \_\_\_\_\_

Proposed use of the Balance amount: \_\_\_\_\_

\_\_\_\_\_  
Course Coordinator

Internal Audit  
IIT / K



# Centre for Continuing Education Indian Institute of Technology Kanpur

## Statement of Accounts for Settlement of Temporary Advance

S No	Content	Details
1.	Course account no.:	
2.	Name of advance holder	
3.	PF No:	
4.	Department/Section:	
5.	Type of Advance:	Contingency
6.	Advance Date	
7.	Amount of advance	₹
8.	Excess amount claimed / Balance deposited: (+/-)	₹

S. No.	Bill No.	Bill date	Party Name	Description of Goods and Services	Total Value of Bill
1					
2					
3					
4					
5					
6					
<b>Total Amount</b>					

**I hereby certify that:** 1) Cash purchases were made for the items that were needed urgently and were not available in stores. 2) Goods purchased were inspected before acceptance. 3) Prices paid are the cheapest 4) Items purchased are entered in the Stock Register. 5) Above mentioned expenses are only for course purposes which are not being claimed for reimbursement from anywhere else.

**I agree on following rules & conditions:** 1) As per order ref. DIR/IITK/2012/00/011 dt 28<sup>th</sup> February, 2013 The payment above to ₹ 25000/- has not been made to suppliers, contractors etc. Through personal cheques or e-transfer from personal bank a/c. 2) Original invoice with a copy of GST No. & PAN is attached herewith.

**Signature of Course Coordinators**

**For CCE Office Use Only**

Sr No	Content	Details
1	Advance Drawn	₹
2	Expenditure made	₹
3	Excess Amount Claimed	₹
4	Balance Deposited in CCE office	₹
5	Date	
6	Passed for adjustment	₹
7	Pay Excess Claim of	₹
<b>Assistant</b>		<b>Superintendent</b>
		<b>Head, CCE</b>