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 ____________________
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
Statement of Accounts for Settlement of Temporary Advance

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

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/OO/011 dt 28th 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

<table>
<thead>
<tr>
<th>Sr No</th>
<th>Content</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Advance Drawn</td>
<td>₹</td>
</tr>
<tr>
<td>2</td>
<td>Expenditure made</td>
<td>₹</td>
</tr>
<tr>
<td>3</td>
<td>Excess Amount Claimed</td>
<td>₹</td>
</tr>
<tr>
<td>4</td>
<td>Balance Deposited in CCE office</td>
<td>₹</td>
</tr>
<tr>
<td>5</td>
<td>Date</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Passed for adjustment</td>
<td>₹</td>
</tr>
<tr>
<td>7</td>
<td>Pay Excess Claim of</td>
<td>₹</td>
</tr>
</tbody>
</table>

Assistant    Superintendent    Head, CCE