



Indian Institute of Technology Kanpur Centre for Continuing Education

Form for submitting proposals for

Sponsored Conference Short-Term Course Workshop Symposium Seminar

1. Title: _____

2. Name of the Organizer(s) : _____

3. Proposed Period(s) : From: _____ To: _____

4. Objective(s) : _____

5. Likely number of participants:

6. Financial Sources : (i) Registration Fee: (a) Non IITK Faculty _____ (b) IITK Faculty _____
(Course Fees + 18% GST) (b) Non IITK Students _____ (d) IITK Students _____
e) Personnel from Industries/ R&D Organizations _____

(ii) Funding Agency (ies) : _____

(iii) Any other : _____

7. Number of rooms required in Visitors' Hostel:

8. For Lecture Requirements:

	Expected no. of participants	Date	Time
<input type="checkbox"/> Class Room in Outreach Building CCE Office (capacity 40)	_____	_____	_____
<input type="checkbox"/> Seminar Room (Small) in PBCEC (capacity 36)	_____	_____	_____
<input type="checkbox"/> Conference Room in PBCEC (capacity 20)	_____	_____	_____
<input type="checkbox"/> Seminar Room (Big) Main Hall in PBCEC (capacity 64)	_____	_____	_____
<input type="checkbox"/> I. I. T. Outreach Centre at Noida (Sector 62)	_____	_____	_____

9. I understand that overheads @ _____
20% of the gross receipts is payable to CCE. (Signature of the Course/Workshop Coordinator with date)

Forwarded and Recommended

(Head of the Department)

10. Recommendation of the Head, CCE on the availability of rooms in VH

(i). The required no. of _____ rooms are available and earmarked for the purpose

(ii). There is only _____ no. of rooms available and the same are earmarked

May please be approved,

(Head, CCE)

APPROVED / NOT APPROVED

DEPUTY DIRECTOR