Form for submitting proposals for

☐ Seminar  ☐ Conference  ☐ Short-Term Course  ☐ Workshop  ☐ Symposium  ☐ Internship*

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. Date Time
   of participants
   ☐ Class Room in Outreach Building  CCE Office (capacity 40) _______ _______ _______
   ☐ Seminar Room (Small) in PBCEC (capacity 36) _______ _______ _______
   ☐ Conference Room in PBCEC (capacity 20) _______ _______ _______
   ☐ Seminar Room (Big) Main Hall in PBCEC (capacity 64) _______ _______ _______
   ☐ 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)
   *Institute overhead not applicable on Internship

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