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|  | **Indian Institute of Technology Kanpur** **Centre for Continuing Education** |

## **Disbursement of Honorarium for Project Employee**

1. Details of the Course
   1. Course A/c No. : IITK/CCE/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
   2. Title of Course : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
   3. Dates and Place : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
   4. Course Coordinator : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
   5. Gross Receipts of the Course : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. DETAILS OF DISBURSEMENT

Amount to be adjusted from (Pls tick the applicable box):

Course Fee Grant (Pls specify funding agency) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| ***Sl.***  ***No.*** | ***Name*** | ***PF/Roll No.*** | ***Bank Name*** | ***IFS Code*** | ***Account No.*** | ***Pan No.*** | ***Amount (Rs)*** |
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| **Total Payment Rs.** | | | | | | |  |

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Head CCE Course Coordinator

Approved/ Not Approved

DIRECTOR

## **For Office Use Only**

Enclosed Cheq. for Rs. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Cheque No. \_\_\_\_\_\_\_\_\_\_\_\_ Cheq. Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Accountant Superintendent