



Indian Institute of Technology Kanpur

Office of Outreach Activities

Form for submitting proposals for

Date: _____

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

1. Title: _____

2. Name of the Organizer(s) : _____ PF No. _____

3. Department: _____

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

5. Objective(s): _____

6. Likely number of participants: _____

7. 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: _____

8. For Lecture Requirements:	Expected no. of participants	Date	Time
<input type="checkbox"/> Class Room in Outreach Building OOA (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"/> Outreach, Auditorium (capacity 210)	_____	_____	_____
<input type="checkbox"/> I. I. T. Outreach Centre at Noida (Sector 62)	_____	_____	_____

9. I have already verified the availability/non-availability of rooms in VH. Kindly refrain from sending it again for re-verification.

10. I am aware of the **New Overhead Policy** applicable from August 20, 2025.

(https://iitk.ac.in/oa/data/Overhead_Policy_OOA.pdf)

*Institute overhead not applicable on Internship

(Signature of the Course/Workshop Coordinator)

Name of the Course/Workshop Coordinator

Forwarded and Recommended

(Head of the Department)

Recommended

(PIC, OOA)

APPROVED / NOT APPROVED

DEPUTY DIRECTOR