



Indian Institute of Technology Kanpur Centre for Continuing Education

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. 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)

*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