



# Indian Institute of Technology Kanpur

## Centre for Continuing Education

### ADVANCE FOR SHORT TERM COURSE UNDER CCE

1. Course Account No.: \_\_\_\_\_
2. Title of the Course : \_\_\_\_\_  
\_\_\_\_\_
3. Name of Course Coordinator : \_\_\_\_\_ P.F. No. \_\_\_\_\_
4. Advance Holder Name : \_\_\_\_\_ P.F. No. \_\_\_\_\_
4. Department / Programme : \_\_\_\_\_
5. Course Duration: From : \_\_\_\_\_ To: \_\_\_\_\_
6. Amount of advance requested: \_\_\_\_\_

For Office Use Only

Sanctioned Amount: \_\_\_\_\_

Amount Already Drawn: \_\_\_\_\_

\_\_\_\_\_  
Accountant

\_\_\_\_\_  
Superintendent

\_\_\_\_\_  
Signature of Course Coordinator(s)

Date:     /     /

Approved

\_\_\_\_\_  
Head, CCE