



Indian Institute of Technology Kanpur

Office of Outreach Activities

New Course Account Opening Form

| | |
|--|---|
| Course title | |
| Sponsoring agency/ Self Financed Fees | |
| Is there any agreement/MoU? (Tick as applicable) | Yes/ No |
| Total amount sanctioned | |
| Course account type (Tick as applicable) | Conference/Courses/Workshop/Symposium/Seminar Any other (please specify) _____ |

| | | | | | | | | | | | | | | | | | | | | |
|---|--|---------------------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| Name of the Course Coordinator | | Mob No. | | | | | | | | | | | | | | | | | | |
| | | Email | | | | | | | | | | | | | | | | | | |
| Name of the Co- Course Coordinator | | Mob No. | | | | | | | | | | | | | | | | | | |
| | | Email. | | | | | | | | | | | | | | | | | | |
| Account to be operated by (Tick as applicable) | | Only by CC / Either CC or Co-CC | | | | | | | | | | | | | | | | | | |

Enclosures: Sanction letter, copy of agreement/MoU, any other relevant correspondence.

Signatures

| | |
|--------------------|------------------------|
| Course Coordinator | Co- Course Coordinator |
|--------------------|------------------------|

* **Note:** Overheads will be charged as per the OOA Rules.

For Office Use

| | | | | | | | | | | | | | | | | | | | | |
|---|--|--|--|--|------------|--|--|--|--|---------------------|--|--|--|--|--|--|--|--|--|--|
| Type of agency (Tick as applicable) | Funding agency/ Research organisation/ Ministry/Private/ Any other (please specify) _____ | | | | | | | | | | | | | | | | | | | |
| Course Duration | | | | | | | | | | | | | | | | | | | | |
| Remark (If as applicable) | | | | | | | | | | | | | | | | | | | | |
| Course account number | | | | | | | | | | | | | | | | | | | | |
| Supervised | | | | | | | | | | Approved | | | | | | | | | | |
| Assistant | | | | | Accountant | | | | | Superintendent, OOA | | | | | | | | | | |