



Indian Institute of Technology Kanpur

Office of Outreach Activities

ADVANCE FOR SHORT TERM COURSE UNDER OOA

1. Course Account No.: IITK/CCE/_____
2. Title of the Course: _____
3. Name of Course Coordinator: _____ P.F. No. _____
4. Advance Holder Name: _____ P.F. No. _____
5. Department / Program: _____
6. Course Duration: From: _____ To: _____
7. Amount of advance requested: _____
8. Bank details of Advance Holder: (i) Beneficiary Name: _____
(ii) Account No. _____
(iii) Bank Name: _____
(iv) IFS Code: _____

For Office Use Only

Amount Already Drawn: _____

Balance Amount: _____

Advance Amount: _____

Accountant

Superintendent

Signature of Course Coordinator(s)

Date: / /

Approved / Not Approved

Professor-in-Charge, OOA