



# 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? <b>(Tick as applicable)</b>	Yes/ No
Total amount sanctioned	
Course account type <b>(Tick as applicable)</b>	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 <b>(Tick as applicable)</b>		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
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\* **Note:** Overheads will be charged as per the OOA Rules.

### For Office Use

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