



Indian Institute of Technology Kanpur

Office of Outreach Activities

Requisition Form: Seeking information pertaining to Short-Term Programs/Events

Name & Designation of Information Seeker:

Organization/Institute to whom the information will be forwarded and the purpose of forwarding:

.....

Period for which information is required: From To

Information required:

.....

Date:

Signature of information seeker

Approved/Not Approved

Head of Department/Centre

Professor-in-Charge, OOA