



# Indian Institute of Technology Kanpur

## Office of Outreach Activities

### ADVANCE FOR SHORT TERM COURSE UNDER OOA

1. Course Account No.: \_\_\_\_\_
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

\_\_\_\_\_  
Recommended and Forwarded  
(Signature of DoSA /ADSA)

Date: / /

Approved / Not Approved

\_\_\_\_\_  
Professor-In-Charge, OOA