

Indian Institute of Technology Kanpur

Centre for Continuing Education

Date :

From:

Course Coordinator :

Course Title :

Department :

To,

Head, CCE

IIT Kanpur

Sub: Request for closure of Course Account

The Course Account No. IITK/CCE/ _____ has been completed. The date of completion was _____. In this context the following information may be noted (*Please tick as applicable*).

1. The course completion report has been submitted to the CCE Office.
2. All advances (Contingency etc) have been settled in the course account.
3. No re-imburement for any payment / expenditure is pending.

In view of the above, the aforesaid course account may be closed with immediate effect and the final statement of account be prepared.

Course Coordinator

Approved

Head, CCE