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|  | Centre for Continuing EducationIndian Institute of Technology Kanpur |

## **Disbursement of Honorarium for Short Term Course**

1. DETAILS OF THE COURSE
	1. Title of Course : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	2. Dates and Place: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	3. Course Coordinator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	4. Gross Receipts of the Course: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. DETAILS OF DISBURSEMENT

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| ***Sl.*** ***No.*** | ***Name & Designation*** | ***PF/Roll No.*** | ***Dept.*** | ***PAN*** | ***Amount (Rs)*** |
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 Total Payment Rs.

Enclosed Cheque for Rs.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_

 Course Coordinator(s)

 Head, CCE

APPROVED

 DIRECTOR