



Centre for Continuing Education Indian Institute of Technology Kanpur

SHORT-TERM COURSE UNDER QIP

PROFORMA – I

1. Title of the Course: _____
2. Course Coordinator (s): _____
3. Duration of the Course: _____
4. Number of teacher participants who had agreed to participate: _____
5. Number of teacher participants who actually participated: _____
(Please enclose list with addresses)
6. Please attach a list of faculty and guest speakers who delivered lectures.
7. Amount of Grant received from QIP: Rs. _____
8. Has a copy of the statement of expenditure submitted to CDTE Office? Yes / No
9. If lecture notes have been prepared and distributed to the participants. Please attach one copy of the same.

Dated:

(Course Coordinator)
Dept. / Prog. Of _____