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   Jr. Asst. / Supdt.

_____
Signature of Course Coordinator(s)

Date: /   /

Approved / Not Approved

_____
Professor-in-Charge, OOA