



Indian Institute of Technology Kanpur

Office of Outreach Activities

New Course Account Opening Form

Course title	
Sponsoring agency/ Self Financed Fees	
Is there any agreement/MoU? (Tick as applicable)	Yes/ No
Total amount sanctioned	
Course account type (Tick as applicable)	Conference/Courses/Workshop/Symposium/Seminar Any other (please specify) _____

Name of the Course Coordinator		Mob No.													
		Email													
Name of the Co- Course Coordinator		Mob No.													
		Email.													
Account to be operated by (Tick as applicable)		Only by CC / Either CC or Co-CC													

Enclosures: Sanction letter, copy of agreement/MoU, any other relevant correspondence.

Signatures

Course Coordinator	Co- Course Coordinator

* **Note:** Overheads will be charged as per the OOA Rules.

For Office Use

Type of agency (Tick as applicable)	Funding agency/ Research organisation/ Ministry/Private/ Any other (please specify) _____
Course Duration	
Remark (If as applicable)	
Course account number	
Supervised	Approved
Dealing Assistant	Senior Superintendent (S.G.)