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|  | **Indian Institute of Technology Jodhpur****Centre for Continuing Education** |

Form No. 10

**SHORT-TERM COURSE UNDER CCE**

**COURSE COMPLETION REPORT**

###  PROFORMA – I

1. Title of the Course :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Course Coordinator (s) :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Duration of the Course :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. Number of teachers/students participants who had agreed to participate :\_\_\_\_\_\_\_\_\_\_\_\_\_
5. Number of teachers/students who actually participated :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Please enclose list with addresses)

1. Number of participants from Industries and other organizations :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

who actually participated (Please attach list)

1. Please attach a list of faculty and guest speakers who delivered lectures : \_\_\_\_\_\_\_\_\_\_\_\_
2. Amount of Registration fee received from participants: Rs. : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Overheads paid to CCE (20% of amount in Sl. No.8) Rs. :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. Has a copy of the statement of expenditure submitted to the CCE Office? :\_\_\_\_\_\_\_\_ Yes / No
5. If lecture notes have been prepared and distributed to the participants. Please attach one copy of the same.

Dated:

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Course Coordinator)

 Dept. / Prog. of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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|  | **Indian Institute of Technology Jodhpur Centre for Continuing Education** |

#### RECEIPT AND PAYMENT ACCOUNT

***STATEMENT OF EXPENDITURE***

***PROFORMA II***

Course Title :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Course A/c No. :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Course Coordinator (s) :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Department :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Duration :From:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ To:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Course Conducted at :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Receipts. Payments.

Contingencies : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Honorarium : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Institute Overhead Charges : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Total Receipt : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Total Expenditure : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Balance (if any) : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Proposed use of the Balance amount : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_



 Course Coordinator