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**Indian Institute of Technology Jodhpur**

# **Centre for Continuing Education**

Form No. 08

 **Date :**

**From:**

Course Coordinator :

Course Title :

Department :

**To,**

PIC, CCE

IIT Jodhpur

**Sub:** **Request for closure of Course Account**

The Course Account No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ has been completed. The date of completion was \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. In this context the following information may be noted (*Please tick as applicable*).

1. The course completion report has been submitted to the CCE Office.
2. All advances (Contingency etc) have been settled in the course account.
3. No re-imbursement for any payment / expenditure is pending.

In view of the above, the aforesaid course account may be closed with immediate effect and the final statement of account be prepared.

 Course Coordinator

**Approved**

**PIC, CCE**