

**CONTINUING EDUCATION CENTRE
INDIAN INSTITUTE OF TECHNOLOGY ROORKEE**

REQUEST FOR APPROVAL OF HRD / CONSULTANCY COURSE

1. Name of the P.I. : _____ Desgn: _____ Deptt./Centre: _____
2. Title of the Course: _____
3. Type of Sponsorship : Private Sector / Govt. / Public / Foreign Agency / Others (Pl. Specify): _____
4. Name and Address of Sponsor's with GST Details : _____

GST details _____ (Pl. attach. Copy)
5. Payment to be received in: Full / Part _____
6. Date of Commencement: _____ Expected date of Completion: _____
7. Details of Faculty/Staff who shall be associated:

Name of faculty	Designation	Employees No.	Department/Centre	Signature

Technical Staff	Designation	Employee No.	Department / Centre

8. Budget (should conform to the contract /agreement with the sponsor) :

Sl. No.	Budget head-wise Description		Amount ₹
1.	Gross amount including service Tax = (G) received		
2.	Less GST as applicable (presently GST @ 18%) (L)		
3.	(a)	Contracted amount $T = (G - L)$	
	(b)	Institute Share in the beginning (P) (20% of T)	
4.	Honorarium to outside /internal experts		
5.	Expenses on:		
	(i)	Course design and material development	
	(ii)	Cost of registration course material (stationery, pen pad, bags, Xeroxing, typing etc.)	
	(iii)	Contingency / miscellaneous expenses	
	(iv)	Infrastructure charges including hall and equipments charges	
	(v)	Accommodation, boarding and lodging	
	(vi)	Transportation: TA / DA to outside experts/participants	
	(vii)	Local travel / field trip / tour	
	(viii)	Research /Office Staff (if required please specify)	
6.		If any	

9. Other relevant information (attach sheet, if necessary)

i) Correspondence with sponsor

ii) Request letter for special approval, if any

iii) Bank Draft /Transaction No. _____ dated _____ of ₹ _____

The following documents will be required at the closing time of course in CD /Pen-Drive:

- (1) Name, address, phone, fax etc. of the sponsoring agency (2) List of internal and external faculty / experts with address
(3) List of the participants with full address (5) Time table copy, (6) Soft / hard copy of the group-photo.

Signature of the Course Coordinator (with date)

Signature of Head of the Deptt./Centre (with date & stamp)

Extn. (O) _____ Mobile _____

Email : _____

Endorsement by CEC Office, I.I.T. Roorkee

The above request is in accordance with the norms.

Recommended /Not Recommended

Dealing Asstt.

Sr. Superintendent, CEC

Coordinator, CEC

Endorsement by SRIC Office, I.I.T. Roorkee

The above request is in accordance with the laid down norms.

Course No. _____

Dated : _____

Approved/Not Approved

D.A./Supdt.

Asstt. Registrar/Dy. Registrar (SRIC)

Dean, SRIC

Copy after approval to:

- (1) Course Coordinator (2) Concerned HoD (3) Coordinator, CEC (4) AR SRIC- AC