



Indian Institute of Technology Kanpur

Office of Outreach Activities

Form for submitting proposals for

Seminar Conference Short-Term Course Workshop Symposium Internship*

1. Title: _____
2. Name of the Organizer(s) : _____
3. Department: _____
4. Proposed Period(s): From: _____ To: _____
5. Objective(s): _____
6. Likely number of participants: _____
7. Financial Sources: (i) Registration Fee: (a) Non IITK Faculty _____ (b) IITK Faculty _____
 (Course Fees + 18% GST) (b) Non IITK Students _____ (d) IITK Students _____
 (e) Personnel from Industries/ R&D Organizations _____
 (ii) Funding Agency(ies): _____
 (iii) Any other: _____

8. Number of rooms required in Visitors' Hostel: _____

9. For Lecture Requirements:	Expected no. of participants	Date	Time
<input type="checkbox"/> Class Room in Outreach Building OOA (capacity 40)	_____	_____	_____
<input type="checkbox"/> Seminar Room (Small) in PBCEC (capacity 36)	_____	_____	_____
<input type="checkbox"/> Conference Room in PBCEC (capacity 20)	_____	_____	_____
<input type="checkbox"/> Seminar Room (Big) Main Hall in PBCEC (capacity 64)	_____	_____	_____
<input type="checkbox"/> Outreach, Auditorium (capacity 210)	_____	_____	_____
<input type="checkbox"/> I. I. T. Outreach Centre at Noida (Sector 62)	_____	_____	_____

10. I understand that overheads @ _____
 20% of the gross receipts is payable to OOA. (Signature of the Course/Workshop Coordinator with date)

*Institute overhead not applicable on Internship
 Forwarded and Recommended

 (Head of the Department)

11. Recommendation of the Professor-in-Charge, OOA on the availability of rooms in VH

- (i). The required no. of _____ rooms are available and earmarked for the purpose
- (ii). There is only _____ no. of rooms available and the same are earmarked

May please be approved,

 (PIC, OOA)

APPROVED / NOT APPROVED

DEPUTY DIRECTOR