Note: Please do not delete any item in the form, provide details as applicable, wherever information is not available mention N.A. The form may need to be sent back for corrections, if any item is changed or deleted.

COURSE APPROVAL FORM FOR SPONSORED COURSES*
*(Course approval can be taken even without receipt of funds)

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1. Name of the Course Coordinator/PI :   Designation   Deptt./Centre:

    Co-coordinator (I)/Co-PI, if any :

    (i) Name :   Designation:

         Deptt./Centre: Signature:

    (ii) Name :   Designation:

         Deptt./Centre: Signature:

2. Title of the Course: _____

3. Batch No. of the Course _____

4. Type of Sponsorship :Private Sector/Govt./Public/Foreign Agency/Others (Pl. specify)
    _____

5. Name and Address of Sponsor's with GST Details _____
    _____
    GST details _____ (Pl. attach. Copy)

6. Payment Terms: Full/Part/After Completion of the course

7. Date of Commencement : _____ Expected date of Completion: _____

8. Duration (_____ Weeks and _____ Hours of Training)

9. Mode of delivery: Class room/online/self-paced/hybrid _____

10. Expected no. of Participants: _____

11. Copy of Schedule attached:

12. Proposed budget for the course :

13. Copy of MoU/Agreement, if any:

14. Details of Instructor/experts, if any :

Name of faculty	Designation	Employees No.	Department/Centre

15. Other relevant information (attach sheet, if necessary)
    i) Correspondence with sponsor
    ii) Request letter for special approval, if any

The following documents will be required at the closing of course :

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

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Signature of the Course Coordinator (with date)   Signature of Head of the Deptt./Centre
Phone :   (with date & stamp)
Mobile :

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

The above request is in accordance with the norms.

CEC Approval no. :	_____
Course Code :	_____
Dated :	_____

Approved/Not Approved

Dealing Asstt.   Sr. Superintendent, CEC   Coordinator, CEC

Copy after approval to:

(1) Course Coordinator   (2) Concerned HoD   (3) Coordinator, CEC

Note :
Certificates format will be as per CEC guidelines.