FORM FOR DRAWING ADVANCE FOR QIP SHORT TERM COURSE

Name of the Applicant (Course Coordinator) : _____

Department of Course Coordinator : _____

Salary Code of Course Coordinator : _____

Title of Short Term Course : _____

_____

Duration of Course : _____

Total Advance Required **(up to Rs.10,000/- only)** : Rs. _____

Date : _____ Signature : _____

Through:

Professor-In-Charge (CEP/QIP)

To:

Dy. Registrar (F&A)