

# CONTINUING EDUCATION PROGRAMME



INDIAN INSTITUTE OF TECHNOLOGY BHUBANESWAR  
SAMANTAPURI, BHUBANESWAR-751 013

## SETTLEMENT OF REMUNERATION PAID TO INSTITUTE EMPLOYEES

1. Course ID : \_\_\_\_\_
2. Title of the Course : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
3. Principal Coordinator : \_\_\_\_\_ EC \_\_\_\_\_
4. Department/Centre : \_\_\_\_\_
5. Duration of the Course : From \_\_\_\_\_ to \_\_\_\_\_
6. Details of remuneration to be paid (see reverse side)  
(Use additional pages if necessary)(Does not include coordinator's fee and fee paid to persons from outside IIT)

Certified that the persons mentioned in item (8) have worked for the short term course and have been paid according to the prevailing standards of the Institute. No deduction of income tax has been done by the co-ordinator.

Date: \_\_\_\_\_

Course Coordinator

To

Dean (CE)

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Remuneration Plan & Payment approved.

Dean (CE)

8. Details of Remuneration to be paid (Does not include coordinator's fee and remuneration paid to persons from outside IIT)

Sl. No.	Name	Designation	Department/Centre	E Code	Remuneration (In rupees)	Signature (with revenue stamp)
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						

**Total amount:**

Total No. of persons : \_\_\_\_\_

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Note: (i) ECode, Designation are mandatory; (ii) Xerox copy(ies) may be used for additional pages.

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## REQUEST FOR ADVANCE FOR EXPENDITURE ON REMUNERATION

(Remuneration to IIT employees only)

1. Course ID : \_\_\_\_\_  
(Given in the Approval Order of the Course, issued from our Office)
2. Course Title : \_\_\_\_\_  
\_\_\_\_\_ ECode : \_\_\_\_\_
3. Principal Coordinator : \_\_\_\_\_
4. Department/ Centre : \_\_\_\_\_
5. Duration of the Course : From \_\_\_\_\_ to \_\_\_\_\_
6. Total Budget on remuneration  
(Excluding coordinator's fee) : \_\_\_\_\_
7. Details of Remuneration to be paid : (See reverse side)  
(Coordinator's fee is paid separately (Use additional pages if necessary)  
against form #17).
8. Amount of Advance Requested : \_\_\_\_\_  
(Total of Item #7)

Certified that the persons mentioned in Item #7 have rendered services to the short term course and the remuneration proposed is according to the prevailing standards in the Institute. The advance will be settled within one month from today. Unused funds will be refunded to the CEP account.

Dean(CE) is requested to approve the remuneration plan as proposed and the advances to the co-ordinator.

Date:

Principal Co-ordinator

Funds are available. Proposal may be approved.

Asst. Registrar (CE)

Remuneration plan and advance approved.

Dean(CE)

7. Details of Remuneration to be paid (Does not include coordinator's fee and payment to persons within IIT)

Sl No.	Name	Designation	Address	Amount of Remuneration	Service rendered (be brief)
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					

Total No. of persons : \_\_\_\_\_  
 (Please use Xerox copy for additional pages.)

Total amount : \_\_\_\_\_



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INDIAN INSTITUTE OF TECHNOLOGY BHUBANESWAR  
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<b>REQUEST TO TRANSFER FUNDS TO DEPARTMENTAL OPERATING GRANT</b>
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1. Course ID

\_\_\_\_\_ (To be given in the Approval order of the Course, issued from our office)

2. Course title : \_\_\_\_\_

\_\_\_\_\_

3. Coordinator(s) : \_\_\_\_\_ ECode: \_\_\_\_\_

: \_\_\_\_\_ ECode: \_\_\_\_\_

: \_\_\_\_\_ ECode: \_\_\_\_\_

4. Department/ Centre: \_\_\_\_\_

5. Duration of the course : From \_\_\_\_\_ to \_\_\_\_\_

6. Amount of Rs. \_\_\_\_\_ to be transferred to the Operating Grant of  
\_\_\_\_\_ Department/Centre.

Date: \_\_\_\_\_

(Signature of the Course Coordinator)

To  
Dean(CE)

Copy to :  
The Head, \_\_\_\_\_ Department/Centre



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(IIT/ CEP/ 18/ STC – Receipt of Cheque by Coordinator)

Received from the office of Dean (CE) a crossed Cheque No. \_\_\_\_\_  
Date \_\_\_\_\_ for an amount of Rs. \_\_\_\_\_ ( Rupees \_\_\_\_\_  
\_\_\_\_\_ drawn on Syndicate Bank (SRIC/IIT/  
Kharagpur Exten. Counter) in favour of myself ( \_\_\_\_\_ )  
against Bill No. \_\_\_\_\_ dated \_\_\_\_\_ as  
payment in connection with short term course \_\_\_\_\_  
\_\_\_\_\_ Vide CEP file No. \_\_\_\_\_

Revenue  
stamp

Name : \_\_\_\_\_  
Department : \_\_\_\_\_

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**INDIAN INSTITUTE OF TECHNOLOGY BHUBANESWAR  
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**PROPOSAL FOR HOLDING A CONFERENCE**

<b>For CEP use only</b> .....
Conf ID: CEP/Conf/26/____/____/____

1. Title of Conference : \_\_\_\_\_
  
2. Convenor(s)/Organiser(s) : \_\_\_\_\_ EC \_\_\_\_\_  
 : \_\_\_\_\_ EC \_\_\_\_\_
  
3. Department(s) / Centre(s) : \_\_\_\_\_
4. Duration of Conference : From \_\_\_\_\_ to \_\_\_\_\_
5. Venue (tick one) :  IIT Bhubaneswar  Others( Give details)
6. Collaborating Institutions / Organisations :
  1. \_\_\_\_\_
  2. \_\_\_\_\_
  
7. Whether a Periodic or one-time event \_\_\_\_\_
8. Expected number of participants : (1) From India : \_\_\_\_\_  
 (2) From Abroad : \_\_\_\_\_  
 (The clearance of the Ministry of HRD should be obtained by Conference convenors for foreign delegates)
9. Estimated Budget (In Rs.) : [ The registration fee or financial assistance from sponsors must be received in the form of DD or Cheque drawn in favour of CEP-STC, IIT Bhubaneswar. No separate A/c can be opened for this purpose. The overhead charges is 20% of gross receipts.]

Receipts	Amount (Rs)	Expenditure	Amount (Rs)
1 Registration Fee		1 Overhead Charges	
2 Sponsors		2 Board/lodging of Participants	
3 Advertisements		3 TA/DA	
4 Others		4 Proceedings	
		5 Correspondence	
		6 Miscellaneous	
Total		Total	

10. Financial support already assured \_\_\_\_\_

11. Draft conference brochure (First Announcement) enclosed  
(Yes/ No (with) justification )  
\_\_\_\_\_

12. Departmental facilities required \_\_\_\_\_  
(Laboratories, equipment, consumables) \_\_\_\_\_

13. **ACCOMMODATION:** Prior to submission of the proposal, Coordinator is requested to book accommodation/ Classrooms/ Community Centre, if required. For this purpose please contact Special Officer/ Prof-in-Charge, Institute Guest Houses.

<b>DETAILS OF GUEST HOUSE BOOKING</b>	
Accommodation Booked at _____ Guest House.	
No. of Beds : _____ from _____ to _____	
Classroom (East/ West) from _____ to _____	
Community Centre from _____ to _____	
Date : _____	In-Charge Technology Guest House

Date: \_\_\_\_\_

\_\_\_\_\_

**Convenor**

Departmental facilities requested will be provided. Personnel of The Department/ Centre are permitted to assist the coordinator in Conducting the proposal on payment of mutually agreed remuneration.

Date: \_\_\_\_\_

\_\_\_\_\_

Deptt/ Centre \_\_\_\_\_

The proposal has been examined and is put up for consideration of dean(CE).

Special points (if any): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

The proposal is recommended for Director's approval.

\_\_\_\_\_

The proposal is approved

\_\_\_\_\_

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<b>PROCUREMENT CUM STOCK REGISTER</b>
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(FOR SHORT TERM COURSES)
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CEP File No. : CEP/STC/ ...../ .....

Course Title : .....

Co-ordinator(s) : .....

Department/ Centre : .....

Course Duration : From ..... To .....

<p>This register is to be maintained by the Coordinator of a CEP course and is to be returned to CEP Office on completion of the course. All goods and services (except remuneration to Institute personnel or to outside persons) are to be entered in this register.</p>
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