



Form

Details submission of Short Term Course

1. Name of the Course Coordinator(s): _____
2. Department / Centre: _____
3. Title of STC: _____
4. Dates of the STC: From: _____ to _____
5. Total Number of Participants attended the STC:
6. Number of Participants: ST SC OBC Gen

7. Attachment Check List:

Sl. No.	List of Enclosures	Course Coordinator(Y/N)
1	Attendance Sheet of Participants	
2	Coordinator's Report-Schedule and brief write up	
3	Feedback Forms	
4	Materials distributed to Participants	
5	Photographs of the event	

I/We hereby certify that the Grants have been spent for the purpose for which it was sanctioned and as per QIP & Institute norms.

Signature of Course Coordinator(s)

Name (s): _____

Date: _____