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**Indian Institute of Technology Jodhpur**

**Centre for Continuing Education**

 **Facility Usage Charges**

Form No. 17

 **Date:**

**Part-A**

|  |  |  |  |
| --- | --- | --- | --- |
| Details | No. | Budget Head | Amount |
| Course / Program from which charges are to be Debited |  |  |  |
| Name of the Course Coordinator |  |
| Signature of Course Coordinator |  |
| Details of Usage charges |  |

**Part-B**

|  |  |  |  |
| --- | --- | --- | --- |
| Details | No. | Budget Head | Amount |
| Project in which charges are to be Credited |  |  |  |
| Name of the Principal investigator |  |
| Signature of Principal investigator |  |

**For CCE Office use**

|  |  |
| --- | --- |
| Checked Sufficient balance is available in project account.Accountant | Passed for Payment |
| Supdt. CCE | PIC, CCE |