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** | **Response**  **(Y/N)** |
| **1** | Attendance report/forms of all days |  |
| **2** | Feedback of the participants |  |
| **3** | Assessment report/forms |  |
| **4** | Photographs (if any) |  |
| **5** | Link to recorded lectures (if any) |  |
| **6** | Course report (including screen shots from the lectures) |  |
| **7** | Honorarium payment forms and all bills |  |

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

Signature of Course Coordinator(s)

Name (s):

Date: