

THIAGARAJAR COLLEGE OF ENGINEERING, MADURAI – 625 015 Department of

Ref No		Date
	man and Correspondent, ar College of Engineering, 625015.	
Respected Sir,		
Sub: Workshop/F	FDP on	Approval-reg
during	osed to organize a workshop/Training by Department. om	
Coordinators: (W	ith Designation and Department)	
The estimated inc	come and expenditure details are as foll	ows.
Income:		
2. Exp	gistration Fee pected participants (Numbers) pected Income	= Rs. = = Rs
Expenditure:		
	emuneration & Certificates ents and Lunch	= Rs = Rs = Rs
	Total Expendi	ture = Rs
	Surplus (Contribution to the Colle	
Approval Programme.	may please be granted to organi	ize this workshop/FDP/Training
	Thanking You,	
Recommended ar	nd Forwarded	Yours faithfully
PRINCIPAL	HOD	Signature of Coordinators