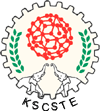
**KERALA STATE COUNCIL FOR SCIENCE, TECHNOLOGY & ENVIRONMENT**

**WOMEN SCIENTISTS DIVISION**

***Student Programme for Excellence in Experimental Design (SPEED)***

**APPLICATION FORMAT 2019-20**

Call for proposals from

*Scientists/Faculty members in Science permanently employed in Central/State R&D Centres /Academic Institutions / Universities in Kerala*

1. **Title of Orientation programme:**
2. **Name and Address of proposed Institution:**
3. **Name & Address of the Co-ordinator**:

\* Enclose brief Bio-data of Co-ordinator (2 pages only)

1. **Area of expertise of Co-ordinator**: Life Science / Chemical Science / Physical Science / Engineering Science / others.
2. **Duration : 5 days**
3. **Proposed dates for conducting the programme** :
4. **Technical details on the Programme** (Attach separate sheets)

*Include 5- Day detailed schedule along with details of technical sessions (include name and designation of Experts along with topic of their corresponding session), Field visits proposed, Name of Research Laboratories made open to students .*

1. **Status of organizing Institute**:

|  |  |  |
| --- | --- | --- |
| **Sl No:** | **Item of expenditure** | **Amount (Rs.)** |
|  | Technical sessions & pre-seminar expenses |  |
|  | Consumables |  |
|  | Travel & Accommodation |  |
|  | Food & refreshments |  |
|  | Institutional Overheads (limited to 10%) |  |
| TOTAL *(Limited to Rs. 3.5 lakhs)* | |  |

Professional body/State or Central Government/ CSIR/University

1. **Proposed Budget** *(for maximum 50 students)*
2. **Details of previous grant received and programmes sanctioned to the Institute from KSCSTE during last three years**

*(Please enclose the copy of UC furnished to KSCSTE in case of completed programmes)*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Sl no | KSCSTE Sanction No & Date | Nature & title of programme | Amount sanctioned (Rs.) | Name and address of Principal Investigator/ Coordinator | Current status |
|  |  |  |  |  |  |

.11. **Details for Electronic transfer of grant** *(in case of sanction)*

|  |  |
| --- | --- |
| Beneficiary Name (Financial Head of Institution) |  |
| Beneficiary Bank Account No. (Institute) |  |
| Beneficiary Bank IFSC Code |  |
| Beneficiary Bank Name and Branch |  |
| Beneficiary Address (Co-ordinator) |  |
| Mobile No. (Co-ordinator) |  |
| Email Id (Co-ordinator) |  |

Programme Co-ordinator

(Signature, Name & Address)

Head of the Institution:

Signature

Name & Address

(Seal)

Place:

Date:

**List of items to be attached *(Tick the appropriate items submitted)***

(a) Programme proposal in the prescribed format (one copy), along with soft copy in MS-word format

(b) Certificate from Principal Co-ordinator

(c) Endorsement from the Head of Institution (on letter head)

(d) Detailed Bio-data of the Principal Co-ordinator.

(e) No pending SE/UC certificate.

(g) Duly signed “Terms & conditions”