# KERALA STATE COUNCIL FOR SCIENCE, TECHNOLOGY AND ENVIRONMENT

Sasthra Bhavan, Pattom, Thiruvananthapuram-695 004

**Application for financial assistance for organizing National Mathematics Day …………. celebrations**  
*(incomplete applications will be summarily rejected)*

1. Title of the proposed Programme :
2. Category of the applying institution :
   * School
   * College (including professional colleges)
   * University Department
3. Name and address of the institution :
4. Name and designation of the programme co-ordinator:
5. Contact address with email id & mobile no. :
6. Proposed dates of the programme :
7. Place and venue proposed for organizing the programme :
8. Details of earlier grant received from KSCSTE to the institution during the last five years, if any:

|  |  |  |  |
| --- | --- | --- | --- |
| **Sanctioned year** | **Name of the Convener/PI** | **Letter No./Order No.** | **Amount Sanctioned** |
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1. Description of proposed activities to be organized as part of National Mathematics Day celebrations *(attach a separate sheet)*
2. Subject areas covered :
3. Name and Designation of Resource Persons:
4. Category of target group :
5. Expected No. of participants :
6. Estimated expenditure :

|  |  |  |
| --- | --- | --- |
| **Sl No.** | **Item** | **Amount (Rs.)** |
| 1. | Honorarium |  |
| 2. | Organizing expenses |  |
| 3. | Publicity materials |  |
| 4. | Travel expenses |  |
| 5. | Refreshments |  |
| 6. | Others, if any (specify) |  |
|  | **Grand Total** |  |

1. Official bank account details of the institution:

|  |  |
| --- | --- |
| Beneficiary Account Name |  |
| Beneficiary Account Number (SB/CC) |  |
| Beneficiary IFSC |  |
| Name of Bank |  |
| Beneficiary Address |  |
| Beneficiary Phone No. |  |
| Beneficiary Email id |  |

1. Name and address of the Head of the Institution/Agency authorized to receive the grant :

# DECLARATION

Certified that the details furnished above are correct to the best of my knowledge and belief and that the amount of financial assistance, if granted, will be utilized for the purpose for which it is granted within the time prescribed by KSCSTE and as per the guidelines laid down by KSCSTE. I also agree to abide by the rules and other conditions prescribed by KSCSTE.

**Name and Signature of Name and Signature of**

**Programme Co-ordinator Head of the Institution**

**Office Seal with Date**

|  |  |
| --- | --- |
| **Enclosure to be submitted with application:** | |
| 1. Description of proposed activities |  |

Completed applications duly signed and forwarded by the Head of the Institution should reach **Director, Kerala**

**State Council for Science, technology and Environment, Sasthra Bhavan, Pattom P O, Thiruvananthapuram**

**– 695 004** on or before the deadline.