## **KERALA STATE COUNCIL FOR SCIENCE, TECHNOLOGY AND ENVIRONMENT** Sasthra Bhavan, Pattom, Thiruvananthapuram-695 004

olication for fina	ncial assistance for organizing Na	tional Mathematics Day	celebrations
	(incomplete applications will	be summarily rejected)	
Title of the prop	osed Programme :		
Category of the	applying institution :		
o Schoo			
	ge (including professional colleges)		
o Unive	ersity Department		
Name and addre	ss of the institution :		
Name and design	nation of the programme co-ordinate	or:	
Contact address	with email id & mobile no. :		
Proposed dates of	of the programme :		
Place and venue	proposed for organizing the program	mme :	
Details of earlier	grant received from KSCSTE to the	e institution during the last fi	ve years, if any:
	Name of the Convener/PI	Letter No./Order No.	Amount Sanctioned
Sanctioned year			

10. Subject areas Covered:

11. Name and Designation of Resource Persons:

13. Expected	No. of participants :	
14. Estimate	d 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	
15. Official 1	pank account details of the institution:	
 Reneficiary	Account Name	
	Account Number (SB/CC)	
Beneficiary I		
name of Ban	rs .	
Beneficiary A	Address	
Beneficiary A Beneficiary F Beneficiary F	Address Phone No. Email id  Ind address of the Head of the Institution/Agency at	-
Beneficiary A Beneficiary I Beneficiary I  16. Name a  Certified amount of the time p	Address Phone No. Email id	best of my knowledge and belief and that the for the purpose for which it is granted withi
Certified amount of the time puthe rules	Address Phone No. Email id  DECLARATION  that the details furnished above are correct to the of financial assistance, if granted, will be utilized to brescribed by KSCSTE and as per the guidelines latend other conditions prescribed by KSCSTE.  and Signature of me Co-ordinator	best of my knowledge and belief and that the for the purpose for which it is granted within id down by KSCSTE. I also agree to abide be some and Signature of Head of the Institution
Beneficiary A Beneficiary I Beneficiary I Beneficiary I Certified amount of the time p the rules  Name Program	Address Phone No. Email id  DECLARATION  that the details furnished above are correct to the of financial assistance, if granted, will be utilized to prescribed by KSCSTE and as per the guidelines lateral and other conditions prescribed by KSCSTE.  and Signature of the me Co-ordinator  Office Seal with	best of my knowledge and belief and that the for the purpose for which it is granted within id down by KSCSTE. I also agree to abide be some and Signature of Head of the Institution
Beneficiary A Beneficiary I Beneficiary I Beneficiary I Certified amount of the time p the rules  Name Program	Address Phone No. Email id  DECLARATION  that the details furnished above are correct to the of financial assistance, if granted, will be utilized to brescribed by KSCSTE and as per the guidelines latend other conditions prescribed by KSCSTE.  and Signature of me Co-ordinator	best of my knowledge and belief and that the for the purpose for which it is granted within id down by KSCSTE. I also agree to abide be some and Signature of Head of the Institution