# KERALA STATE COUNCIL FOR SCIENCE, TECHNOLOGY AND ENVIRONMENT

Sasthra Bhavan, Pattom, Thiruvananthapuram-695 004

**Application for financial assistance for organizing District level National Science Day 2025. celebrations**  
*(incomplete applications will be summarily rejected)*

1. Title of the proposed Programme :

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1. Category of the applying institution :
   * ITI
   * Polytechnic College
   * College
   * University Department
   * Research & Development Institution

1. Status of the applying institution : Govt./ Govt. aided
2. Name and address of the institution :
3. Name and designation of the programme co-ordinator:
4. Contact address with email id & mobile no. :
5. Proposed dates of the programme **(Before February 10th 2025):**
6. Place and venue proposed for organizing the programme :
7. Details of earlier grant received from KSCSTE to the institution during the last five years, if any:

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| --- | --- | --- | --- |
| **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 listed in the Guidelines) *(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**

|  |  |
| --- | --- |
| **Enclosures to be submitted with the application:** | |
| 1. Description of activities |  |

1. Completed applications duly signed and forwarded by mail to [nsdkscste2023@gmail.com](mailto:nsdkscste2023@gmail.com) with cc to [kscste212@gmail.com](mailto:kscste212@gmail.com) and hardcopy send to **Director, Kerala State Council for Science, technology and Environment, Sasthra Bhavan, Pattom P O, Thiruvananthapuram– 695 004** on or before the deadline.