

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

**BACK TO LAB POST-DOCTORAL FELLOWSHIP PROGRAMME**

**Date of start intimation form**

1. Project Reference No:
2. Name and Address of the Post-Doctoral Fellow (Include Telephone, Mob., Fax and e-mail ID)
3. Name and Address of the Scientist Mentor (Include Telephone, Mob., Fax and E-mail ID)
4. Title of the project:
5. Project duration and total outlay :
6. Sanction Order No. and date :
7. Date of cheque/draft received :
8. Date of start of the Project:
9. Due date of completion of the project:

Name and Signature:

Post-Doctoral Fellow

Scientist Mentor

Head of Institution

(Seal)

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