KERALA STATE COUNCIL FOR SCIENCE, TECHNOLOGY AND ENVIRONMENT
WOMEN SCIENTISTS DIVISION

BACK TO LAB PROGRAMME

Date of start intimation form

1. Project Reference No:

2. Name and Address of the Woman Scientist (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: 
Woman Scientist 
Scientist Mentor

Date:
Place: