|  |  |  |
| --- | --- | --- |
| **KERALA STATE COUNCIL FOR SCIENCE, TECHNOLOGY & ENVIRONMENT** | | |
| **Environment Management Training (EMT)** - **2019**  Proforma for Proposal Submission | | |
|  | Title of Programme: | |
|  | Name & Address of Institution Organizing the Programme: | |
|  | Collaborating Institutions/Organizations (if any): | |
|  | Category of Organizing Institution (please state Yes or No):   1. Research Institutions (State/Central/institutions under KSCSTE) 2. University Departments 3. Colleges including Professional Colleges (Govt or Aided) 4. Local Self Govt. Institutions/line department 5. Registered NGO’s   (Self- financing Institutions are not entertained) | |
|  | Status of Organizing Institution (please specify whether Govt or Aided) | |
|  | Applicable for Registered Non-Governmental Organization (NGO) only   1. Date of registration of NGO under Societies Registration Act 2. Whether Byelaw contains S&T Component of activities (please specify Yes or No) 3. Whether having experience of working in S&T field (please specify Yes or No) 4. Whether Annual Reports and Statement of accounts for last three financial years attached ie. 2016-2017, 2017-2018 & 2018-2019 (please specify Yes or No) 5. Details of earlier grant received from KSCSTE if any, please indicate the details quoting with Council Order No. &Year   (***Eligibility criteria of NGOs - as per the Council Order No. (M) 129/2007/CSTE, dt: 25.10.2007, the copy of Registration Certificate, Bye Law, Annual Reports and audited Statement of Accounts for the last 3 financial years should be submitted along with the proposal. If the above documents are not submitted, the proposal will be treated as incomplete and will be summarily rejected)*** | |
|  | Proposed dates of the programme and venue details: | |
|  | Brief Justification of Proposal ie. the need & relevance of conducting training programme | |
|  | Objective of Programme: | |
|  | Details of Training Programme (please specify the detailed schedule of lectures, field study, dates of programme and faculty details ) : | |
|  | Expected Deliverables/Outcome: | |
|  | Name and designation of Programme Coordinator organizing the programme: | |
|  | Official Address of Programme Coordinator organizing the programme  (Mobile No. and E-mail are mandatory): | |
|  | Status of expertize of Programme Coordinator in the field (please attach a biodata) | |
|  | Whether any such training sponsored by similar funding agencies or KSCSTE have been conducted earlier by Programme Co-ordinator (please furnish details if any) | |
|  | Numbers and Category of participants/target groups: | |
|  | Mode of Selection of participants: | |
|  | Financial assistance required for conducting the training (estimates to be given on realistic basis along with justification and giving details as enclosed in guidelines)   |  |  |  | | --- | --- | --- | | No. | Items | Amount (Rs) | |  | Organizing Expenses including field study |  | |  | Honoraria & TA for external experts only (TA shall not exceed 25% of the total sanctioned amount from KSCSTE) |  | |  | Publicity Expenses |  | |  | Publication Expenses |  | |  | **TOTAL AMOUNT** |  | | |
|  | Details of fund received or committed from KSCSTE or other funding agencies if any, for the last five years   |  |  |  |  | | --- | --- | --- | --- | | No | Name of Programme | File No. & Year | Amount received | |  |  |  |  | | |
|  | Details of Training Programme faculties   |  |  |  | | --- | --- | --- | | Faculty for training programme | Name, designation & complete Address | Area of Expertize | | Internal Faculty |  |  | | External Faculty (consent letter must be furnished with proposal) |  |  | | |
|  | Name and Address of the Head of Institution authorize to receive grant with complete postal address, Email ID and Mobile number: | |
|  | **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 utilised for the purpose for which it is granted within the time prescribed by KSCSTE. We also undertake to abide by the rules and other conditions prescribed by the grantee.  Place:  Date: | |
| Name and Signature of the Programme Coordinator with date: | | Name and Signature of the Head of Institution  with seal and date |
| **Date & Office Seal** | | |

(\**Applications without signature and seal of the Organisation will not be considered*

*\* Additional copies enclosed must be signed by Programme Co-ordinator and Head of Institution, \* Incomplete applications will be summarily rejected)*

**ENDORSEMENT FROM HEAD OF INSTITUTION**

**(To be given on letter Head)**

**ENVIRONMENT MANAGEMENT TRAINING (EMT)-2019**

**Title of Environment Management Training Programme:……………………………**

**Date of Training Programme:……………………………**

1. Certified that the Institute welcomes the participation of Dr./Shri/Smt……………………… who is a permanent faculty of ……………Department of Institution as the Programme Coordinator for the programme titled……………. scheduled during ……………………..2019.
2. Certified that institution will offer the basic facilities for the smooth implementation of the programme
3. In the unforeseen event of discontinuance by the Programme Coordinator, the Head of the Institution will assume the financial and other management responsibilities for the successful completion of the programme.

|  |  |
| --- | --- |
| Place:  Date: | Name and Signature of  Head of Institution |
| Office Seal | |