

KERALA STATE COUNCIL FOR SCIENCE, TECHNOLOGY AND ENVIRONMENT

Technology Development and Adaptation Programme

PROJECT COMPLETION REPORT

1. Title of the Project:
2. Name and address of Principal Investigator(s) and Co-Investigator(s) with mobile No:
3. Implementing Institution(s) and other collaborating Institution(s):
4. Duration of the Project:
5. Date of commencement:
6. Proposed date of completion:
7. Actual date of completion:
8. Objectives as stated in the project proposal:
9. Deviation made from original objectives if any, while implementing the project and reasons thereof:
10. Abstract of the project proposal (Not more than 500 words):
11. Summary of the work done (not more than 500 words) highlighting the outcome separately:
12. Funds Utilized:

No.	Budget Head	Funds Sanctioned	Expenditure	Balance (if any)
I				
II				
III				
IV				
V				
VI				
	Total			

13. Procurement/Usage of Equipment:

Sl. No.	Name of Equipment	Make/Model	Cost (FE/Rs.)	Date of Installation	Utilization Rate (%)	Remarks regarding maintenance/breakdown

14. Plans for utilizing the equipment facilities in future

Name and Signature with Date

Name and Signature with Date

(Principal Investigator)

(Co-Investigator)

Notes:

1. 5 copies of the Project Completion Report and a soft copy in MS word should be sent within one month of the completion or termination of the project.
2. The PCR should be in bound form which include: (Introduction, literature review materials and methods, experimental setup, detailed analysis of results including graph, charts, tables, diagram, photographs etc, contributions made towards increasing the state of knowledge in the subject, summary and scope of the future work as separate chapters)
3. Cover page should include the title of the project, file number, names and addresses of the investigators.