



**KERALA STATE COUNCIL FOR SCIENCE TECHNOLOGY &
ENVIRONMENT**

Sasthra Bhavan, Pattom P.O, Thiruvananthapuram

Sastraposhini Scheme

Application form

1.	Name of the School		
2.	Address and Contact details of the school		
3.	Contact details of Principal/HM of the school	Off:	
		Mob:	
4.	Location of the school (Grama Panchayat/ Municipality/ Corporation)		
5.	Educational /Revenue District		
6.	Total number of students in HS section		
7.	Number of divisions and students in:		
		No: divisions	No: students
	i) Std. VIII		
	ii) Std. IX		
	iii) Std. X		
8.	Whether the school has HSS in the same campus		
9.	Number of teachers in each discipline:		
	i) Physics		
	ii) Chemistry		
	iii) Biology		
10.	Present space availability for:		
	i) Physics laboratory		
	ii) Chemistry laboratory		
	iii) Biology laboratory		

11.	Name and details of the teacher to be nominated as in charge of the laboratory:		
	i) Physics	Name	
		Mobile number	
		Qualification	
		Remaining period of regular service at the school	
	ii) Chemistry	Name	
		Mobile number	
		Qualification	
		Remaining period of regular service at the school	
	iii) Biology	Name	
		Mobile number	
		Qualification	
		Remaining period of regular service at the school	
12.	Remarkable achievements of the school, if any <i>(Use separate sheet, if required)</i>		
13.	Details of nearest Sastraposhini School		

14. Official bank account details of the school:

a) Details of Account Holder (as per the bank a/c passbook)	
Bank account name	
Account No. (SB/CC)	
IFS Code	
Branch Name	
Branch Address	
Contact Address of the school	
Mobile number of HM/ Principal (<i>mandatory</i>) Telephone No: / Fax No:	
E-mail ID of the HM/ Principal/Head of Institution	

DECLARATION BY HEAD OF THE INSTITUTION

I hereby certify that all the details furnished above are true and correct to the best of my knowledge and declare that the amount sanctioned will be utilized exclusively for the Sastraposhini scheme and I shall provide all the guidance & support needed for the successful completion of this scheme.

I also hereby endorse that no financial assistance was received previously for the Sastraposhini scheme from KSCSTE. Further, and I certify that the basic and other administrative facilities for the implementation of Sastraposhini Lab are available at our institution.

Place:

Date:

Name & Signature of
Head of the Institution/HM/
Principal of the School
(With Seal)

(Institution/School Seal)

NOTE: - Completed applications duly signed by the head of the institution should be sent to Director, Kerala State Council for Science, Technology and Environment, Sasthra Bhavan, Pattom P.O., Thiruvananthapuram – 695004