KERALA STATE COUNCIL FOR SCI ENCE, TECHNOLOGY AND ENVIRONMENT Sasthra Bhavan, Pattom, Thiruvananthapuram

Application Form for Financial Assistance under Science Popularization Programmes

1.	Title of the Programme:						
2.	Name and Designation of the Programme Co-ordinator :						
3.	Official Address:						
	Mobi	ile. No:	Telepho	one No:	E-mai	l ID:	
4.	Cate	gory of the Institutio	. —	on whichever is app University Dept.		Institution	NGO
5.	Statu	s of Institution: (<i>Put</i> Govt.		chever is applicable Aided) Private		
6.	Colla	aborating institutions	s/organizatio	ns, if any: (Please o	attach Cons	ent letters)	
7.	Goal	s/ Objectives of the j	programme:				
8.	Motivation behind the programme:						
9.	Subject areas covered:						
10.). Relevance of the programme in Kerala: (500 words on How the programme aims to popularise Science)						
11.	Dura	tion of the programr	ne :				
12.	2. Schedule of the programme: (Change in dates, if any, shall be informed to KSCSTE before 15 days from the proposed dates)						
	Sl. No.	Event	Proposed date & time	Venue	Target Group	No. of participants	Other relevant details
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- 13. List of external Resource Persons for the programme: (*Please provide the details*)
- 14. Method of implementation: (*Please provide the details*)
- 15. Total Budget Estimate: Rs.

Sl. No.	Item	Amount (Rs.)
a)	Honorarium to Resource Persons/ Experts	
b)	Consumables	
c)	Organizing expenses	
d)	Travel expenses	
e)	Publicity materials	
f)	Documentation expenses	
g)	Others (if any **)	
	Total	

Provide the details

16. The sources of funding, including the contribution from the host institution and other agencies from which financial assistance is obtained/expected to be obtained, and the quantum of assistance from each agency:

Sl. No.	Agency	Amount expected (Rs.)	Amount sanctioned (Rs.)
,		Total	

- 17. Quantum of financial assistance sought from KSCSTE : Rs.
- 18. Item wise break up of financial assistance sought from KSCSTE.

Item (a): Honorarium to Resource Persons/ Experts

Sl. No.	Item	Amount (Rs.)
	Sub Total	

Note: As per guidelines, honorarium that can be sanctioned under this project is only for external resource persons invited for the programme. There is no provision for utilizing the amount for internal Resource Persons. Hence, honorarium and related expenses for the faculty with the institution may be met from other sources.

Justification:

Item (b): Consumables

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Sl. No.	Item	Amount (Rs.)
	Sub Total	

Justification:

Item (c): Organizing expenses

Sl. No.	Item	Amount (Rs.)
	Sub Total	

Justification:

Item (d): Travel Expenses

Sl. No.	Item	Amount (Rs.)
	Sub Total	

Justification:

Item (e): Publicity Materials

Sl. No.	Item	Amount (Rs.)
1	Sub Total	

Justification:

Item (f): Documentation Expenses

Sl. No.	Item	Amount (Rs.)
	Sub Total	

Justification:

19. Deliverables / Outcome of the programme:

	Short term	Long term
Tangible		
Intangible		

- 20. Bio-data of Programme Co-ordinator: (Please provide as attachment)
- 21. Previous experience of Programme Co-ordinator in the project area:

- 22. Total Expert Manpower in the Organization, with their Qualification: (*Please attach separately*)
- 23. Details of earlier grant availed from KSCSTE by the Programme Co ordinator/ Institution:

Sl. No.	Project/ Programme	Council Order No. and Date	Amount Sanctioned (Rs.)	Status (Ongoing/ Completed)

24. Details of grant received from other funding agencies:

Sl. No.	Agency	Title of the Project	Order No. and Date	Amount Sanctioned (Rs.)	Status (Ongoing/ Completed)

25. Name and address of the Head of the Institution/ Agency authorized to receive the grant:

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 utilized for the purpose for which it is granted within the time prescribed by KSCSTE. Institution will be responsible, if the Programme Coordinator does not utilize the granted amount for right purpose. I also undertake to abide by the rules and other conditions prescribed by the grantee.

Place: Name and Signature Name and Signature of Date: Name and Signature of Head of the Institution

Office seal

Endorsement from the Head of Institution

(To be given on letter head)

Project T	tle	• • • • • • • •						
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				1	Name and Si	gnature o	f Head of I	Institution
Date :.								
Place ·								