

**KERALA STATE COUNCIL FOR SCIENCE, TECHNOLOGY AND ENVIRONMENT**

**POST-DOCTORAL FELLOWSHIP PROGRAMME**

**Date of start intimation form**

1. Name and Address of the Post-Doctoral Fellow (Mobile No. and E-mail ID)
2. Name and Address of the Scientist Mentor (Include Telephone, Mob. and E-mail ID)
3. Title of the project:
4. Project duration :
5. Sanction Order No. and date :
6. Date of start of the Project:
7. Due date of completion of the project:

Name and Signature:

Post-Doctoral Fellow

Scientist Mentor

Head of Institution

(Seal)