KERALA STATE COUNCIL FOR SCIENCE, TECHNOLOGY AND ENVIRONMENT

Rural Technology Programmes (RTP) Application Form

1. Title of the project:

2.	Name	of the applicant:			
3.	Postal address:				
4.	Phone	No: Mobile No. (if available):			
5.	Date of birth:				
6.	Educational status:				
7.	Experience:				
8.	Profession of the applicant:				
9.	Employment status of the applicant:				
10. Details of the proposed project:					
	i)	Objectives:			
(ii) Methodology in detail: (iii) Duration/ Time schedule: (iv) Please tick major activities to be undertaken such as					
		 Design Engineering Working model/prototype development Lab/ bench scale process development Research consultancy Trial demonstration of developed product, environmental/ safety measures and testing Any other (please specify) 			
11. Status of the work already carried out (Please tick the activities if any):					
	 Literature survey/ patent search Development work done so far, if any including involvement of agencies Patenting of the innovation Sponsored sub contracted work with any external agencies Techno- economic/ market feasibitlity studies/ reports, if any Consumers/users feedback, if any 				

- 12. End product/ process/output- resulting from the idea/ invention/innovation:
- 13. Potential major applications and users:
 - 14. Proposed budget details:

Sl.		Project Cost
No.	Item	(Rs.)
1.	Equipment / Instrumentation	
2.	Consumables (Raw material/accessories)	
3.	Manpower (salary/Honorarium/ wages)	
4.	Travel expenses (Based on actuals & not	
	exceeding 5% of the total project cost)	
5.	Others (specify if any)	
	Total Cost	

- 15. Have you received/ sought support from any other organization/ agency for your present work or for any other work. (if so, furnish the details)
 - 16. Endorsement from the Tie up Institution (the institution wherein the applicant plans to carryout the development of his/her project) to be given on letter head
 - 17. Any other information relevant to the project:
 - 18. Referees:

19. Declaration:

I declare that all the statements made in this application are true, complete and correct to the best of my knowledge and belief. In the event of any information found false or incorrect, my/our candidature will stand cancelled and all my / our claims will be forfeited.

Place: Signature: Name of the applicant(s):

Endorsement from the Tie up Institution

Date : Place:	C			
	3. Institute assumes to undertake the financial and other management responsibilities of the project.			
	2. Certified that the equipment and other basic facilities as enumerated and such other administrative facilities as per terms and conditions of the grant, will be extended to the investigator(s) through out the duration of the project.			
	Principal Investigator, the Principal Co-Investigator will assume the responsibility of the fruitful completion of the project.			
	Investigator of the project and that in the unforeseen event of discontinuance by the			
	Certified that the Institute welcomes participation of Shri./Smt			

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