



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

**Application format  
Financial Assistance for College Student Projects under SPYTiS-II**  
[To be submitted in 3 copies]

1. Name(s) of student investigator(s):
  - a. Semester and year of study:
  - b. Address of the college :
  - c. Residential address with telephone number & email :
2. Title of the project proposal :
3. Achievement(s) of the student(s) in science related activities :
4. Name of Teacher supervisor/or mentor :
5. Objectives of the project:
  
6. A brief description about the project (max. 300 words) (*attach a separate sheet if necessary*):
7. Relevance of the project (*attach a separate sheet if necessary*):
8. Time required to complete the project:
9. Whether assistance from any external agency/ institution is required to complete the project:
  - a. If Yes, give details :
10. Estimate showing the expenditure involved in the project (*attach a separate sheet if necessary*):

<b>Sl No.</b>	<b>Budget Head</b>	<b>Amount (Rs.)</b>
1.	Minor equipments	
2.	Consumables (Chemicals, glassware etc.)	
3.	Travel expense	
4.	Contingency (Stationary and similar items)	
5.	Others, if any	
6.	Total	

**ENDORSEMENT**

I have scrutinized the project proposal titled “.....”  
.....” and found that the project is feasible and can be completed by the student(s) in the stipulated time frame and that I shall provide all the guidance and support needed for the successful completion of the project.

Place:	Signature of the Teacher Supervisor
Date:	Name, Official Address, Phone No. (Land/Mobile)& e-mail:

**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 successful completion of the project. On completion of the project, a copy of the project report, certified Statement of Expenditure (SE) and Utilization Certificate (UC) in the format prescribed by the Council shall be submitted to KSCSTE at the earliest.

Place:	Signature of the Head of the Institution
Date:	Name, Official Address, Phone No. (Land/Mobile)& e-mail:

(Office Seal)