

KERALA STATE COUNCIL FOR SCIENCE, TECHNOLOGY & ENVIRONMENT Sasthra Bhavan, Pattom Palace P.O, Thiruvananthapuram 695 004

STUDENT PROJECT SCHEME-APPLICATION FORMAT

[To be submitted in 3 copies]

(All fields are mandatory. Incomplete applications will be rejected)

1.	Title of the Research Proposal :
2.	Broad area/field of classification :
3.	Project Type(s) (Basic Research/Applied Research/Developmental/Demonstration/Others
4.	Broad objectives of the project
5.	Precise objectives of the project (max.150 words) :
6.	Abstract (max.300 words) :
7. 8.	Methodology/ experimental design (1 page) : Applications/Socioeconomic importance (The relevance, if any, to the utilization and management of the natural resources of the State) :
9.	Details of investigator (s) i. Name & Designation of Principal Investigator (PI) : a. Department & College of PI b. Whether the college is aided or unaided :
	ii . Name of Co-investigator (s) :
10.	iii. Name of Student Investigator(s) a. College b. Course of study c. Department d. Semester, Year of study e. No. of back papers Particulars of the facilities that will be provided by the institution where this project will be implemented:
11.	Whether assistance from any external agency/ institution is required to complete the project? If yes, give details:
12.	
13.	Whether at present receiving support from any other organisation other than your present department? If so, full

particulars of these may be given:

14. Details of projects sanctioned by KSCSTE under this scheme during current financial year to:

1) PI		
No.	Title of the project	Amount sanctioned
2) Department of PI		

15. Budget Details: Estimated expenditure (Briefly Specify all budget heads)

SI No.	Budget Head	Amount
1.	Consumables	
2.	Travel	
3.	Research Literature & Documentation	
4.	Others	
	TOTAL	

Documents to be attached with the application:

1. Detailed bio data of PI, Co-investigator and student investigator to be attached

ENDORSEMENT
I have scrutinized the project proposal titled "
Name: Official Address (with Department): Telephone Number: Mobile number of Principal Investigator: E-mail Id:
Signature of Principal Investigator:
Place: Date:
DECLARATION BY HEAD OF THE INSTITUTION

Certified that basic facilities and such other administrative facilities as per the terms and conditions of the grant for undertaking the proposed project are available at our institution and the same will be extended to the investigator(s).

Place: Signature of the Head of Institution:
Date: Name & Designation:

Office Seal