## PRO FORMA FOR SUBMITTING PROPOSALS FOR TRAINING PROGRAMMES/ WORKSHOPS

## 1. Name of the programme:

## 2. Name of the Coordinator:

Name	Designation	Address for correspondence	E -mail ID & Mob. No.	

<sup>\*</sup> Enclose brief Bio data of the Coordinator (2 pages only)

- **3.** Area of expertise of the coordinator: Environmental Science/Earth Science/Life Science / Physical Science / Engineering / Social Science/others.
- 4. Proposed period/dates of conduct of the programme:
- 5. Venue:
- **6. Technical details of the programme** (Attach separate sheets)
  - A. Objectives:
  - B. Importance in State/Regional/Temporal context.
  - C. Topics to be covered.
- 7. Name and address of organizing institution:
- 8. Status of organizing institute:

Govt. / Aided Institution/University/Professional Organization/NGO/Others

9. Budget

No	Details of estimated expenditure:	Amount (Rs.)
1	TA & Honorarium for invited faculty	
2	Resource Materials/Publications	
3	Miscellaneous	
	TOTAL	
	Amount expected from DoECC as financial grant	

Sl No	Name and address of Resource person*		Corresponding topic		
* In	_	professional affiliation an	d expertise of	the resource p	person in the specij
_		aries /Target group			
	_	grant if any received by to of UC & ES furnished to		institute fron	n DoECC:
SI No	DoECC Sanction No.& Date	Name of Activity (Seminar/workshop/Paaristhithikam etc.)		Amount Sanctioned (Rs.)	Principal coordinator of th programme
.4. 1	Account Number  Name of the Account Name of the Bar	count Holder:			
	IFSC:				
15. I	Details of PSTSB A	Account (If any)			
	Head of the Insti Signature Name & Addres			Coordin (Signatur	ator re, Name & Address
			(Seal)	)	
	Place:				

## DECLARATION STATEMENT FOR CERTIFYING THE DULY FURNISHING OF <u>UTILIZATIONCERTIFICATE & STATEMENT OF EXPENDITURE</u> <u>FOR PREVIOUS GRANTS</u>

1. Programme Reference No:	
2. Title of the Programme:	
3. Name and Address of the Principal Coordinator: (Include Telephone, Mob, Fax and E-mail ID)	
4. DoECC project/programmes sanctioned earlier (if any)	
If Yes	
(i) File No. /Ref. No:	
(ii) Title of the earlier project / programme if any:	
(iii) Amount sanctioned:	
(iv) Whether completed: Yes/No	
(v) Whether the Principal Coordinator has settled	the accounts: Yes/No
Declaration	
I have no pending Certificate with respect to any project / programmes of th Change, Government of Kerala.	
Head of the Institution:	Coordinator
(Signature, Name & Address)	(Signature, Name & Address)
Seal	
Place: Date:	