



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

Sasthra Bhavan, Pattom, Thiruvananthapuram

**Sastraposhini Scheme**

**Application Format**

1.	Name of the School					
2.	Address and Contact details of the school					
3.	Status of the school (Govt./Aided/Minority)					
3a.	Year of establishment					
3b.	Type of management	Society/Agency/Trust/Individual etc.				
3c.	Funds raised by the management/PTA for developmental activities during 2013-'14					
4.	Edn. District/Revenue Dist.					
4a.	Location of School Distance from nearest Sastraposhini school	Rural/Urban (in <i>km</i> )				
5.	Total number of students in HS section					
5a.	Number of students in school	<b>Total</b>	<b>Girls</b>	<b>Boys</b>	<b>SC/ST</b>	<b>Physically challenged</b>
6.	Number of students enrolled in :	2012-'13		2013-'14		2014-'15
	i) Std. VIII					
	ii) Std. IX					
	iii) Std. X					
7.	Whether the school has HSS in the same campus					
8.	Number of teachers in each discipline in HS					
	i) Physics (with Physics as main subject of study)					

	ii) Chemistry (with Chemistry as main subject of study)						
	iii) Biology (with Biology as main subject of study)						
9.	Present space availability for (in $m^2$ ):						
	i) Physics laboratory						
	ii) Chemistry laboratory						
	iii) Biology laboratory						
10.	Name and details of the teacher to be nominated as in charge of the laboratory:						
	i) Physics	Name and contact number					
		Subject					
		Remaining period of regular service before retirement					
	ii) Chemistry	Name and contact number					
		Subject					
		Remaining period of regular service before retirement					
	iii) Biology	Name and contact number					
		Subject					
		Remaining period of regular service before retirement					
11.	Remarkable achievements						
	a.	Number of teachers who have won State/National level awards during the last 10 years					
	b.	Number of students who have won State awards during the last 10 years					
		i. Sports					
		ii. Academics					
	c.	Activities for promoting scientific talents organized last year (2013-14) <i>(include a separate sheet, if necessary)</i>					
		Name/Type of activity	Duration (Days)	No. of students participated/involved	Name of teacher co-ordinator	Expenses	Sponsor

12.	Explain how the scheme, if implemented will help the teaching – learning capabilities						
13.	Briefly explain the proposed plan of implementation of the scheme?						

### **DECLARATION**

I hereby certify that all the details furnished above are true and correct to the best of my knowledge and declare that the amount if sanctioned, will be utilized exclusively for the successful completion of the Sastraposhini scheme. On completion of the scheme, a 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:  
Date:

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

(Office Seal)