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

**Women Scientist Division**

**Two Day Workshop on Research Methodology, Writing Practices, Language and Soft Skills**

**Declaration statement for certifying the duly furnishing of Utilization**

**Certificate & Statement of Expenditure for previous grants**

1. Training Programme Reference No:

2. Title of the Training Programme:

3. Name and Address of the Principal Coordinator:

 (Include Telephone, Mob, Fax and E-mail ID)

4. KSCSTE 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 Statement of Expenditure or Utilization Certificate with respect to any project / programmes of the Council

Signature

Name & Address

 Principal Coordinator

Place:

Date: