

**KERALA STATE HIGHER EDUCATION COUNCIL
BRAIN GAIN PROGRAMME (3 Months to 1 Year)**

**Form-I
Details submitted by the host Institution**

Financial Year		
No	Subject Item	Details
1	KSHEC-Approval No. & date	
2	Scheme under which the collaboration granted	Brain Gain-Academic Diaspora
3	Scholar Registration No. (KSHEC)	
4	Name & Address of the Host Institution	
5	Programme Coordinator	Name: Designation: Email: Mobile No.:
6	Scholar Details	Name of the Scholar Invited:
	Country:	
	Institution attached	Name & Address:
	Prestigious Awards/Honours of the scholar	
	Broad Subject Area/Domain	
	Specialisation	
7	Duration of the Programme (Month & Days)	
8	Period of the Programme (Date)	-----to-----
9	¹ Institutions visited	
10	No. of Programmes attended	
11	Beneficiary Group (teachers/students/non-teaching/public)	
12	² No. of institutions from which the beneficiary groups are participated	
13	³ Participants attended (Total No.)	
14	⁴ Brief report attached or not	Yes/No
15	Programme Brochure /Schedule attached or not	Yes/No
16	Programme Schedule attached or not	Yes/No
17	Name of the Person from the KSHEC attended	
18	⁵ Financial Details	Amount Requested Amount Sanctioned Total Expenditure
19	⁶ Audited statement of Expenditure attached/not?	
	Utilisation certificate attached or not	Y/N

Signature of the Coordinator

Signature of the HOD/Institution Head
/Registrar

Institution Seal

¹ List of institutions visited/programmes conducted as part of the scheme

² In case of neighbouring/other institutions from which the beneficiary group are attended

³ To whom the Participation Certificates are Issued/a cumulative number of participants of all programmes held

⁴ Brief Report shall be limited to a maximum of 1000 words and contain the outcome and output of the programme

⁵ A brief Statement of Expenditure to be attached separately

⁶ Internal auditor /approved auditor