

KERALA STATE HIGHER EDUCATION COUNCIL
(Academic Collaboration)
Form-I
Details submitted by the host Institution

Financial Year		
No	Subject Item	Details
1	KSHEC-Approval No. & date	
2	Type of Collaboration	Academic
3	Name & Address of the Host Institution	
4	Programme Coordinator	Name: Designation: Email: Mobile No.:
5	Title of the Programme	
6	Broad Subject Domain or Department	
7	Online or Offline mode	Online/Offline: If online, Name of the Platform used: Link:
8	Duration of the Programme (days)	
9	Period of the Programme (Date)	-----to-----
10	Timing of the Programme	-----am to-----pm
11	Collaborating Institution (National/International/University)	Name:
12	¹ Proof of Collaboration (to be attached)	
13	² Resource Persons (RP)	Name: Designation:
14	Beneficiary Group (teachers/students/non-teaching/public)	
15	³ No. of institutions from which the beneficiary groups are allowed	
16	⁴ Participants attended (Total No.)	
17	⁵ Brief report attached or not	Yes/No
18	Programme Brochure attached or not	Yes/No
19	Programme Schedule attached or not	Yes/No
20	Name of the Person from the KSHEC attended	

Signature of the Coordinator

Signature of the HOD/Institution Head

Institution Seal

¹ Letter/communication received from the partnering institution/s

² List the RPs in the order

³ In case of neighbouring/other institutions from which the beneficiary group are attended

⁴ To whom the Participation Certificates are Issued

⁵ Brief Report shall be limited to a maximum of 1000 words and contain the outcome and output of the programme