



श्री चित्रा तिरुनाल आयुर्विज्ञान और प्रौद्योगिकी संस्थान, त्रिवेन्द्रम, तिरुवनन्तपुरम - 695 011, केरल, भारत  
SREE CHITRA TIRUNAL INSTITUTE FOR MEDICAL SCIENCES AND TECHNOLOGY, TRIVANDRUM  
THIRUVANANTHAPURAM - 695 011, KERALA, INDIA  
(एक राष्ट्रीय महत्त्व का संस्थान, विज्ञान और प्रौद्योगिकी विभाग, भारत सरकार)  
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## **PROJECT COMPLETION REPORT**

1. Project Number :
2. Title of the Project :
3. Funding Agency Name :
4. Project Reference Number provided by the Funding Agency:
5. Principal Investigator (Name & Address) :
6. Co-Investigators (Name & Address):
  - i.
  - ii.
  - iii.
  - iv.
7. Implementing Institution :

- 8. Collaborating Institutions :**
- 9. Date of Commencement :**
- 10. Duration :**
- 11. Date of Completion :**
- 12. Objectives as approved :**
- 13. Deviation made from original objectives if any, while implementing the project and reasons thereof :**
- 14. Field/Experimental work giving full details of summary of methods adopted, data collected supported by necessary tables, charts, diagrams and photographs :**
- 15. Detailed analysis of results :**
- 16. Summary sheet of not more than 2 pages under following heads :  
(Title, Introduction, Rationale, Objectives, Methodology, Results, Translational Potential)**
- 17. Contributions made towards increasing the state of knowledge in the subject :**
- 18. Conclusions summarising the achievements and indication of scope for future work :**

**19. Science and Technology benefits accrued :**

**a. List of research publications with complete details :**

**b. Manpower trained on the project :**

- i. Research Scientists or Research Fellows :**
- ii. No. of PhD's produced :**
- iii. Other Technical Personnel trained :**
- c. Patents taken, if any :**
- d. Products developed, if any :**

**20. Abstract: (In 300 words for possible publication in ..... Bulletin)**

**a. Background:**

**b. Materials:**

**c. Results:**

**d. Conclusion:**

**21. Procurement/Usage of Equipment:**

**a. Details of Equipment:**

Sl. No.	Name of Equipment	Make/ Model	Cost (Rs.)	Date of Installation	Utilisation	Remarks regarding maintenance breakdown

**b. Suggestions for disposal of equipment(s):**

(Name and Signature of PIs with date)

**Routing:** Signed copy of "Project completion Report" by PI → [root@sctimst.ac.in](mailto:root@sctimst.ac.in), [rpc@sctimst.ac.in](mailto:rpc@sctimst.ac.in)