NEUROLOGICAL SOCIETY OF INDIA

APPLICATION FORM FOR AVAILING DOMESTIC TRAVEL GRANT

|  |  |  |
| --- | --- | --- |
| 1. | Name (in block Capital) |  |
| 2. | Age |  |
| 3. | NSI MEMBERSHIP NUMBER |  |
| 4. | Mailing Address |  |
| 5. | Academic Qualification |  |
| 6. | Dept. or Institution to which attached: |  |
| 7. | Designation |  |
| 8. | TRAVEL GRANT for attending (NAME) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Conference / Seminar / Symposium / Workshop being held at (PLACE) \_\_\_\_\_\_\_\_\_\_\_\_\_  from \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| 9. | PAPER SELECTED FOR PRESENTATION: YES / NO  IF YES:   1. Title: 2. ABSTRACT to be attached | |
| 10. | LAST YEAR TOTAL INCOME |  |
| 11. | Total approximate expenses to be incurred (Breakup of Registration fee, Cost of travel  to be in rupees |  |

**I HEREBY CERTIFY THAT**

1. I am a member of the Neurological Society of India with the membership number:
2. I have been a Full member of Neurological Society of India from
3. I have Not received the NSI Domestic Travel Grant before
4. I will provide the certify of attendance after completion of the same

If you are receiving financial grant or assistance from any govt. university etc. please provide details of the same.

Signature: Date:

Please note the below:

* Please indicate in your presentation that you are receiving a Financial Grant from the Neurological Society of India, with the NSI Logo.
* The grant will be provided ONLY after the completion of the travel
* The grant is subjected to a maximum of Rs.15,000- (Rupees Fifteen Thousand only)
* You have to provide the soft copies of the following to the Treasurer, Secretary and Central office after completion of your travel
  + Certificate of registration
  + Certificate of Attendance/ paper presentation
  + Copies and boarding passes.

For office use:

NSI Domestic TRAVEL GRANT APPLICATION NUMBER: (YEAR/MONTH/NUMBER)

1. Criteria Fulfilled – Yes / No (Central Office)

2. NSI Domestic Travel Grant to be granted : Yes. / No (Secretary and Treasurer)

3. To be disbursed in the month of …………………………………. Year……………..