

INDIAN SOCIETY OF NEUROAESTHESIOLOGY AND CRITICAL CARE
APPLICATION FOR ISNACC TRAVEL/VISIT GRANT

Name (Capital Letters): Age: Sex:
Academic Qualification: Designation:
Mailing Address(Institutional):

Grant for which applied:

- a) TRAVEL GRANT for attending
.....Conference/Seminar/Symposium/Works
hop being held atfromto
.....(*Enclose the abstract of scientific paper/lecture to be presented*)
- b) VISIT GRANT to visit theInstitute/
Centre.....from.....to.....
.....

Certified that:

- a) I am a Life- Member of ISNACC (Membership No:.....)
- b) I am a full time worker/ Postdoctoral trainee ofNeuroanaesthesia&Neurocritical Care
- c) I have availed ISNACC Travel/Visit Grant in / not availedany Grant earlier.
- e) I am not receiving financial grant or assistance from the Govt. for above purpose.
- f)I will produce the Attendance Certificate from the concerned authority after my visit.

Date: Signature

Recommendation of the Head of the Department/Institution:

Date: Signature & Seal

Office Use

Sanctioned / Not Sanctioned

Cheque No. Date: Amount Rs.

Secretary

Treasurer

ISNACC SECRETARIAT

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