



INDIAN SOCIETY OF NEUROAESTHESIOLOGY AND CRITICAL CARE

**APPLICATION FOR ISNACC RESEARCH GRANT**

Name (Capital Letters):

Age:

Sex:

Academic Qualification:

Designation:

Mailing Address(Institutional):

**Certified that:**

- a) I am a Life- Member of ISNACC (Membership No:.....)
- b) I am a full-time worker of Neuroanaesthesia and/or Neurocritical Care.
- c) I have availed ISNACC Research Grant in the year... / not availed any Grant earlier.
- e) I am not receiving financial grant or assistance from the Govt./ Private agency for above purpose.
- f) I have obtained necessary ethical clearance for this purpose. (*Enclose the copies of protocol and clearance from the ethics committee*).

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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