



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 NeurocriticalCare.
- 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**

Department of Neuroanaesthesiology and Critical Care  
Neurosciences Centre, 6<sup>th</sup> Floor/ Room No. 9  
All India Institute of Medical Sciences (AIIMS), New Delhi, India  
Tel: +91 2659 3793/ 4347; Mobile: +91 9810602272; 981089220  
Email: [isnaccsecretary@gmail.com](mailto:isnaccsecretary@gmail.com) ; [info@isnacc.org](mailto:info@isnacc.org) Website: [www.isnacc.org](http://www.isnacc.org)