



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/Workshop being held at
.....fromto(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 of Neuroanaesthesia and 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

ISNACC SECRETARIAT

Department of Neuroanaesthesiology and Neurocritical Care
Institute of Neurosciences and Spinal Disorders, MGM Health Care
New No 72, Old No 54, Nelson Manickam Road, Aminjikarai, Chennai -600 029, Tamilnadu, India
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Office Use

Sanctioned / Not Sanctioned

Cheque No.

Date:

Amount Rs.

Secretary

Treasurer

ISNAACC

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