

**APPLICATION FOR ISNACC TRAVEL / VISIT GRANT**

Name (Capital Letters): ………………………………………………………… Age: ……………… Sex: ………….

Academic Qualification: ………………………………………………………. Designation: ……………………….

Mailing Address (Institutional): …………………………………………………………………………………………

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**Grant for which applied:**

1. a) TRAVEL GRANT for attending……………………………………………………………………………………. ……………………………… Conference/Seminar/Symposium/Workshop being held at …………………………… from …………………… to …………………… *(Enclose the abstract of scientific paper/lecture to be presented)*
2. b) VISIT GRANT to visit the Institute/ 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 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 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

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**Office Use**

***Sanctioned / Not Sanctioned***

Amount Rs. ……………………………………………………………………………………………………………..

Cheque No. ………………………………………… Date: ………………...... Bank: ………………………………..

***Secretary Treasurer***