

INDIAN COUNCIL OF MEDICAL RESEARCH
APPLICATION FORM

Important:

- (1) Age will be considered as on the date of the conference.
- (2) Separate application should be submitted for different International Conferences/ Seminars/ Symposium/ Workshops.
- (3) Information asked under column 8 must be filled appropriately.

NOTE: COMMITMENT FOR FUNDING MAY BE WITHDRAWN IF ANY OF THE INFORMATION FURNISHED BY THE APPLICANT IS FOUND FALSE AND MAY DEBAR THE CANDIDATE FOR FUTURE SUPPORT UNDER THIS SCHEME.

RECORD SHEET

(To be filled in by the applicant)

1. Name of applicant

Designation and name of the Department

Address of University/ Institution/ College

Tel. No. (O)

Tel. No. (R) , (m)

Telegraphic Address

Fax No./Email No.

2. Age Sex Date of Birth

3. Name of the International Conference/Seminar/Symposium/Workshop/

Training Programme:

3.1 Organisers

3.2 Title of abstract accepted/paper.

4. Venue and date of Conference

4.1. Whether conference is held Annually/Once in two year/ Once in three years/etc.

(Please specify)

4.2. Broad Area of the Conference:

- a) Life Sciences
- b) Communicable Diseases
- c) Non-Communicable Diseases
- d) Basic Medical Sciences
- e) Reproductive Health & Nutrition

5. Purpose of visit.

5.1. Presenting paper Oral/Poster

5.2 No. of papers Single author / One of the authors.

5.3 Chairing a session Yes/No

5.4 Keynote speaker

Yes/No

5.5 Other

(Please Specify)

6. Particulars of financial assistance the applicant is applying for/receiving from other National sources/Organizers, towards travel for attending of conference:

6.1 Name of the funding agency

6.2 Sanctioned/Committed amount.

7. Total Air-fare by shortest route Excursion/Economy Class.INR.....

7.1 VISA fee INR.....

7.2 Registration fee provided to young scientists .INR.....Foreign currency.....

8. Details of International conferences attended in the last three years, if any (Title of the conference, dates, venue & amount funded by ICMR)

9. Are the findings in the paper being presented the result of ICMR project or other work Yes/No If Yes, then:

(a) ICMR Project's reference number

(b) Project Title

(c) Duration of Project

(d) Name of Principal Investigator

(e) Status

Ongoing/Completed

10. Designation and address of authorized Officers viz. Registrar/Finance officer etc. for receiving Cheque/Demand Drafts.

11. Proposed date of leaving India for the Conference and the likely date of return.

12. Indicate clearly, the benefit expected to be derived by attending the Conference (Attach separate sheet) (100 words only) emphasis will be given to the abstracts with 'significance in terms of Human health'

13. Any other information which you may like to furnish in support of your application.

14. I declare that the information furnished above is correct and I have not availed support from ICMR in last three years for this purpose.

Signature of applicant

Recommendation of the Head of the Department/Institute.

Signature & Official

Seal of forwarding authority

PLEASE ENCLOSE SUPPORTING DOCUMENTS Where in the check list the applicants answer is Yes (strike off whatever is not applicable). All the Documents may be enclosed as in the order given below.

CHECK LIST

- | | |
|---|--------|
| 1. Applicant has paper(s) accepted at the Conference | Yes/No |
| 2. Applicant has been sanctioned any travel support by any other agency | Yes/No |
| 3. Certificate from Air India indicating the cost of return air fare
(Excursion/ Economy class). | Yes/No |
| 4. Certificate in proof of date of birth | Yes/No |
| 5. Copy of abstract of paper(s) | Yes/No |
| 6. Brochure/Announcement of the Conference | Yes/No |
| 7. Technical programme of the Conference | Yes/No |
| 8. Applicant has availed assistance in last three years | Yes/No |
| 9. Applicant is a young Scientist | Yes/No |
| 11. Documents are properly tagged AND Flagged with the application | Yes/No |
| 12. Updated Biodata with publications Last 5 years National and International | Yes/No |
| 13. Copy of VISA fee (receipt) | Yes/No |
| 14. Copy of Registration fee paid fee (receipt) | Yes/No |