

NEUROLOGICAL SOCIETY OF INDIA

APPLICATION FORM FOR AVAILING FELLOWSHIP

1. Name (in block Capital) 2. Age 3. Sex
4. Mailing Address
5. Dept. and institution to which attached :
6. Degree for which you are registered :
7. Academic Qualification
8. Fellowship for which applied: :
 - a) TRAVELLING FELLOWSHIP for attending
.....
.....
..... Conference/Seminar/Symposium/Workshop being held at
from to
.....
 - b) VISITING FELLOWSHIP to visit the following Neurological Centres
mention the proposed dates of visit against each)
9. Papers to be presented
 - a) Title
 - b) Summary (to be attached)
10. Designation and last years total income.
11. AC III class return train fare from city of work to the city of Conference / Seminar / Symposium / Workshop (inclusive of sleeping berth reservation, if necessary) Rs.

CERTIFIED THAT

- a) I am a member of the Neurological Society of India (Membership No.....)
- b) I am a whole time worker in(a discipline of Neurological Science)
- c) I am a Postgraduate trainee in atsince
- d) I have availedFellowship in Not availed any fellowship earlier.
- e) I am not receiving financial grant or assistance from any Govt. / University / Institution etc. for the above purpose.
- f) My total annual income was less than Rs.2,00,000/- in the immediate preceding year.
- g) I am aware that the manuscript of the paper is to be presented to the Editor, Neurology India or to his nominee for consideration of publication.
- h) I am aware that I have to produce the attendance (s) from the Head (s) or Department (s) of the Centre (s) I propose to visit and I have to spend minimum 21 days in the Centre (s).

Date

Signature

Recommendation of the Head of the Dept/Institution

Date:

Signature
Name & Designation

SANCTIONED / NOT SANCTIONED

President

Secretary

Treasurer