

## ISNCON 2017 Travel Grant Application Form

Full Name of applicant: \_\_\_\_\_

Current Position \_\_\_\_\_

Hospital: \_\_\_\_\_

Complete mailing address \_\_\_\_\_

City \_\_\_\_\_ Mobile No \_\_\_\_\_

Email Id \_\_\_\_\_

Are you a trainee?            Yes    No

Which course are you enrolled in?    DNB            DM            Other \_\_\_\_\_

In case you have already qualified, specific the degree, year of passing and centre

Name and address of Supervisor:

Distance from workplace

To conference (in km)

Submitted abstract title(s)

Please enclose copies of abstract(s)

Recommendation of Supervisor with signature and seal

I understand that the travel grant award is conditional to the decision on the Fellowship Award Committee, which is final and binding

Place

Date:

Signature of applicant

Please mail the completed form along with the copy of submitted abstract and recommendation of supervisor to Dr. Narayan Prarasad, Hon. Secretary, Indian Society of Nephrology, Department of Nephrology, Sanjay Gandhi Post Graduate Institute of Medical Sciences, Raebareli Road, Lucknow 226014.  
Email: [narayan.nephro@gmail.com](mailto:narayan.nephro@gmail.com), [npsecretaryisnindia@gmail.com](mailto:npsecretaryisnindia@gmail.com),