

Application for Travel Bursary / PG Clinics 2017

Name:

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Complete address for correspondence (in block letters with PIN)

Corresponding Address:

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City

PIN

Email:*

Mobile No:*

*Mandatory Information

Present status: **Course:** MS/DNB/M.Ch/DNB/PhD student (Strike of inappropriate)

Subject: GI Surgery/Other (Please specify) _____

Year of Study: 1st / 2nd / 3rd Yr of Training (Strike of inappropriate)

Institute:

I Would like to attend (Tick Appropriate)

Travel Bursary and PG Clinics

Travel Bursary only

PG Clinics only

Undertaking for Travel Bursary

I have gone through the guidelines of Travel Bursary / PG Clinics and will abide them. I was not awarded Travel Bursary in the past. I am attaching the abstract submitted to the scientific committee. If I am selected for the award, I am willing to pay refundable caution deposit (DD for Rs 5000/-).

Signature:

Name:

Date:

Place:

Undertaking for PG Clinics

I have gone through the guidelines of Travel Bursary / PG Clinics and will abide them. I am attaching the abstract submitted to the scientific committee.
If selected, I am willing to register and attend the conference and PG Clinics.

Signature:

Name:

Date:

Place:

Submitted Abstract

- *One abstract is sufficient to consider for both Travel Bursary and PG Clinics*

Name of presenting author

Title

Authors (**underline the name of presenting author**)

Institution/ Hospital

Abstract (Introduction, Methods, Results, Conclusion)

Attestation by HOD:

Name:

Date:

Please send the Scanned copy to: iasgabstracts@gmail.com; iasgbursary@gmail.com;
iasgsecpradeep@gmail.com

Last Date: 31 May 2017, 5,00 PM