

**APPLICATION FOR ISNACC RESEARCH GRANT**

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

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

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

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**Certified that:**

a) I am a Life- Member of ISNACC (Membership No: ………………………)

b) I am a full-time worker of Neuroanaesthesia and/or Neurocritical Care.

c) I have availed ISNACC Research 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 have obtained necessary ethical clearance for this purpose. (*Enclose the copies of protocol and clearance from the ethics committee*).

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***