



ISNACC

Indian Society of Neuroanaesthesiology and Critical Care

APPLICATION FOR ISNACC RESEARCH GRANT

Name (Capital Letters): Age: Sex:

Academic Qualification: Designation:

Mailing Address (Institutional):

.....

.....

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

Office Use

Sanctioned / Not Sanctioned

Amount Rs.

Cheque No. Date: Bank:

Secretary

Treasurer

ISNACC SECRETARIAT

Department of Neuroanesthesiology & Critical Care
Neurosciences Centre, 6th Floor/ Room No. 9

All India Institute of Medical Sciences, Ansari Nagar, New Delhi- 110029 (India)

Tel. No. +91-11-26593793; Mobile: +91 9810602272; Email: info@isnacc.org; isnaccsecretary@gmail.com

Website: www.isnacc.org