



# ISNACC

Indian Society of Neuroanaesthesiology and Critical Care

## APPLICATION FOR ISNACC TRAVEL / VISIT GRANT

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

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

Mailing Address (Institutional): .....

.....

### **Grant for which applied:**

a) TRAVEL GRANT for attending.....  
..... Conference/Seminar/Symposium/Workshop being held at .....  
from ..... to ..... (*Enclose the abstract of scientific paper/lecture to be presented*)

b) VISIT GRANT to visit the Institute/ Centre .....  
from ..... to .....

### **Certified that:**

- a) I am a Life- Member of ISNACC (Membership No: .....)
- b) I am a full-time worker/ Postdoctoral trainee of Neuroanaesthesia and Neurocritical Care.
- c) I have availed ISNACC Travel/Visit 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 will produce the Attendance Certificate from the concerned authority after my visit.

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, 6<sup>th</sup> 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](mailto:info@isnacc.org); [isnaccsecretary@gmail.com](mailto:isnaccsecretary@gmail.com)

Website: [www.isnacc.org](http://www.isnacc.org)