

IMMUNOLOGY FOUNDATION
E-8 Neb Valley
Neb Sarai
New Delhi – 110 068 (India)

FORM A

**APPLICATION FOR BURSARY FOR ATTENDING CONFERENCE/SYMPOSIUM/WORKSHOP
AND / OR
VISITING /WORKING IN A RESEARCH LABORATORY**

PLEASE TICK (✓) the appropriate boxes to indicate the purpose:

1. FOR ATTENDING CONFERENCE (NATIONAL INTERNATIONAL)
2. FOR VISITING LABORATORY (IN INDIA ABROAD)
- (If the two activities are combined, please (✓) tick both the options)**

A. GENERAL

1. Name (in capital letters): _____
Surname Middle name First name

2. Academic Qualification: _____

3. Postal Address with Designation

Designation: _____

Address (O): _____

City (PIN) : _____ PIN:

State : _____

Address (R): _____

City (PIN) : _____ PIN:

State : _____

Permanent Address (if different from above):

4. E-mail ID : _____

5. Date of Birth : ____/____/____.
(Day-Month-Year)

B. FINANCIAL REQUIREMENTS

- 6. Total Financial requirements :Rs. _____
- 7. Financial Support Required from FOUNDATION :Rs. _____
- 8. Financial Support available from the organizers (indicate if it is specific for travel/complimentary registration/scholarship/accommodation etc.If support is not in cash, give approximately equivalent amount) :Rs. _____ (for _____).
- 9. Financial Support available from other agencies :Rs. _____

(Give details of Agency/ies (name, address etc.) and photocopy of the sanction)

C. DETAILS OF SCIENTIFIC ACTIVITY

For attending Conference/Symposium/Workshop

- 1. Name of the Conference : _____
- 2. Topic / Theme : _____
- 3. Name , Designation and Address of the Organiser : _____

- 4. Venue and Dates : _____

(Enclose brochure or it's photocopy & final or tentative programme copy)

- 5. Are you an invited speaker; If yes, topic of your presentation:

- 6. Is your Paper accepted for presentation? If yes, indicate ORAL ; POSTER and title of the paper: _____

(In either case please enclose the copy of acceptance letter from the organizer)

- 1. Please describe how your participation will be beneficial to you and your organization in future activities:

For visiting/working in Research Laboratory

- 1. Name and Address of Laboratory/organization to be visited:

- 2. Name and designation of Scientist with whom you will be working/associated:

(Please enclose photocopy of the invitation letter)

3. Purpose of Visit: _____

4. Duration of Visit: _____(Weeks/Months)

5. Describe briefly how your visit will benefit you and your organization:

ENCLOSE YOUR BIODATA WHICH SHOULD BE BRIEF, HIGHLIGHTING YOUR ACHIEVEMENTS IN ACADEMIC, AND RESEARCH ACTIVITIES. LIST PUBLICATIONS DURING THE LAST 5 YEARS.

D. ENCLOSURES (Total Nos.: _____)

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.

E. UNDERTAKING

This is certify that:

- the information provided above is correct
- I shall submit a brief report of the visit to the Foundation within one month.
- I also undertake to duly acknowledge the financial support of the Immunology Foundation as and when any publication is made from the experience/knowledge from the above gained from the Immunology Foundation Bursary.

Signature _____

Name (_____)

Dated:

Place:

RECOMMENDATION OF THE HEAD OF THE DEPARTMENT/ORGANISATION:

(SIGNATURE)

NAME/ DESIGNATION/ORGANISATION (SEAL)

DATED: ___ / ___ / ___.