

INDIAN SOCIETY OF NEPHROLOGY
ISNCON 2010 Travel Grant Application Form

Full Name of applicant:

Current position:

Hospital:

Complete mailing
address:

Email address:

Mobile:

Are you a trainee?

Yes

No

Which course are you
enrolled in?

DNB

DM

Other _____

In case you have already
qualified, specify the
degree, year of passing and
center

Name and address of
supervisor:

Distance from workplace
and Trivandrum (in km):

Submitted abstract title(s)
Please enclose copies of
abstracts(s) :

Recommendation of
supervisor with signature

I understand that the travel grant award is conditional to the decision of the Fellowship Award Committee, which is final and binding.

Signature of applicant

Place :

Date :