

NEUROLOGICAL SOCIETY OF INDIA
APPLICATION FORM FOR AVAILING FELLOWSHIP

1.	Name (in block Capital)	
2.	Age	
3.	Sex	
4.	Mailing Address	
5.	Dept. and institution to which attached :	
6.	Degree for which you are registered :	
7.	Academic Qualification	
8.	Fellowship for which applied: :	
a.	TRAVELLING FELLOWSHIP for attending_____	
	_____ Conference / Seminar / Symposium / Workshop being held at _____ from	
	_____ to _____	
b.	VISITING FELLOWSHIP to visit the following Neurological Centres (mention the proposed dates of visit against each)	
9.	Papers to be presented	
a.	Title	
b.	Summary (to be attached)	
10.	Designation and last years total income.	
11.	AC III class return train fare from city of work to the city of Conference / Seminar / Symposium / Workshop (inclusive of sleeping berth reservation, if necessary) Rs. CERTIFIED THAT	
a.	I am a member of the Neurological Society of India (Membership No.....)	
b.	I am a whole time worker in(a discipline of Neurological Science)	

c.	I am a Postgraduate trainee inatsince
d.	I have availed Fellowship in Not availed any fellowship earlier.
e.	I am not receiving financial grant or assistance from any Govt. / University / Institution etc. for the above purpose.
f.	My total annual income was less than Rs.2,00,000/- in the immediate preceding year.
g.	I am aware that the manuscript of the paper is to be presented to the Editor, Neurology India or to his nominee for consideration of publication.
h.	I am aware that I have to produce the attendance (s) from the Head (s) or Department (s) of the Centre (s) I propose to visit and I have to spend minimum 21 days in the Centre (s).

Signature

Date

Recommendation of the Head of the Dept/Institution

Date:

Signature

Name & Designation

SANCTIONED / NOT SANCTIONED

President

Secretary

Treasurer