**GUIDELINES FOR OBTAINING FINANCIAL SUPPORT FROM W.F.N.S (I) TRUST**

1. Attending National Conferences (except NSI), Symposia, Workshop etc.
2. To organise Conference (except NSI)/Workshop/Symposia/Seminars etc.in India:
3. Attending International Conferences abroad. Preference would be given to those
	1. Below 45 years age, relaxable for person in non – practicing jobs.
	2. Paper accepted. Preference will be given for platform presentation.
	3. Invited for Plenary session, chairing session or as invited speaker
	4. If visit to neurosurgery centre is added to attending Congress.
4. Attending workshops or training courses abroad in the form of a Travel Grant to the maximum extent of 50% of the return Economy/Excursion airfare provided that
	1. The course of workshop or training applied for is not well established or possible in India.
	2. The applicant must provide proof of being accepted or selected for the course.
	3. The application must be forwarded through proper channel.
	4. Proof of financial support from parent institution must be provided.
	5. Proof that the equipment on which training is desired would be installed on return from training and the applicant will be assigned to it.
5. Preference will be given to those who have not availed of grants from the Trust earlier.

 **In case a person given grant by the Trust is able to get such grant from any other source, the money**

 **given by the Trust should be returned.**

***(i) The decision of the Trust is final in all matters.***

***(ii) Decision regarding application will be communicated to you within 4 weeks of receipt of application (iii) Incomplete forms will not be entertained.***

**WORLD FEDERATION OF NEUROSURGICAL SOCIETIES (INDIA) TRUST**

A – 3, Sector – 26, NOIDA – 201301

Tel. No. 09871198724, Email : wfnsitrust89@gmail.com

**FORM FOR APPLYING FOR FINANCIAL ASSISTANCE**

**FOR ATTENDING CONFERENCES ETC. ABROAD**

**Please apply on email only.**

1. Name (Block Letters)……………………………………………………………..........................................
2. Age…………………………………………………………………………………………………………...
3. Address……………………………………………………………………………...……..………………………………………………………………………………..…………………………………………………

 ………………………………………………………………………………………………………………..

1. Mobile No………………………………………………………………………………………………….
2. Membership No.of N.S.I………………………………..............................Full member/Associate member
3. Conferences to be attended…………………………………………………………...………………………
	1. Date…………………………………………
	2. Location…………………………………….
4. Whether received any financial assistance from WFNS (I) Trust for attending Conference abroad

 within 2 years?

 If yes, details thereof………………………………………………………………………………………....

 …………………………………………………………………………………………………….……….…

7. Whether applied for received grant for going to this Conference from other sources? If yes, details.

 ………………………………………………………………………………………………………………..

 ………………………………………………………………………………………………………………..

1. Whether paper accepted for platform or poster presentation…………………………………………………
2. Whether invited speaker, chairperson or office bearer?

 (a) Details………………………………………………………………………………………

 ………………………………………………………………………………………………………..

1. Details of beneficiary for transfer of payments.

1. Name of account holder ………………………………………………………………..
2. IFSC Code No. …………………………………………………………………………
3. Account no. ………………………………………………………………………………
4. Bank name and Branch address ………………………………………………………..

 Signature

 Date………………………

Remarks of Head of the Department or Institution

(Applicable only to those working in Institutions)

**Cheques would be sent on receipt of certificate of conference attendance and certificate whether**

 **financial assistance from any other source was obtained**.

**WORLD FEDERATION OF NEUROSURGICAL SOCIETIES (INDIA) TRUST**

A – 3, Sector – 26, NOIDA – 201301

Tel. No. 09871198724, Email : wfnsitrust89@gmail.com

**FORM FOR APPLYING FOR FINANCIAL ASSISTANCE FOR**

**ORGANISING WORKSHOPS/SYMPOSIUM/ SEMINAR/CONFERENCE**

**Please apply on email only.**

1. Title of the Workshop / Symposium…………………..…………………………..........................................
2. Venue………………………………………………………………………………………………………...
3. Duration
4. Details of WFNS (I) Trust funding for any such Workshop / Symposium Seminar organized by your / earlier…………………………………………………………………...……..……………………………………………………………….……………………………..…………………………………………………

 ……………………………….………………………………………………………………………………..

1. Mobile No………………………………………………………………………………………………….
2. Anticipated number of participants……………………………………………………………………………
3. Registration Fees………………………………………………………………………………………………
4. Estimated income from registration, advertisements etc………………………………………………………

9. Financial support desired………………………………………………………………………………………

 10. Name of organizer………………………………………………NSI Membership No………………………

1. Full address for communication (including Pin Code, Fax, E-mail etc.)……………………………………..
2. In whose favour the cheque is to be issued…………………………………………………………………...
3. Details of beneficiary for transfer of payments.

1. Name of account holder ………………………………………………………………..
2. IFSC Code No. …………………………………………………………………………
3. Account no. ………………………………………………………………………………
4. Bank name and Branch address ………………………………………………………..

 Signature of the Organizer

Date………………………

**WORLD FEDERATION OF NEUROSURGICAL SOCIETIES (INDIA) TRUST**

A – 3, Sector – 26, NOIDA – 201301

Tel. No. 09871198724, Email : wfnsitrust89@gmail.com

**FORM FOR FINANCIAL ASSISTANCE FOR**

**ATTENDING TRAINING COURSE ETC. ABROAD**

**Please apply on email only.**

1. Name (Block Letters)……………………………………………………………..........................................
2. Age…………………………………………………………………………………………………………...
3. Designation………………………………………………………………………………………………….
4. Address……………………………………………………………………………...……..………………………………………………………………………………..…………………………………………………

 ………………………………………………………………………………………………………………..

1. Mobile No………………………………………………………………………………………………….
2. Membership No. of N.S.I………………………………..............................Full member/Associate member
3. Training details………….…………………………………………………………...………………………
4. Dates…………………………………………………………………………………………………………
5. Location……………………………………………………………………………………………………..
6. Annual total income in last financial year…………………………………………………………………..
7. Whether received any financial assistance for attending Training Course from WFNS (I) before?

 (a) If yes, details thereof…………………………………………………………………………………….

 ……………………………………………………………………………………………………………

1. Whether applied for/received grant, for going for this training course from other sources?

 If yes, details………..………………………………………………………………………………………

1. Whether accepted as a trainee………………………………………………………………………………

 (Certificate/confirmation to be furnished)

13. Name & designation of person under whom training will be obtained & other

 details………………………………........................................................................................................... ……………………………………………………………………………………………………………..

 ……………………………………………………………………………………………………………..

1. Approximate cost of return economy excursion air fare………………………………………………….
2. Whether technical facilities exist in your present Institution / Organisation to continue work for which training sought…………………………………………………………………………………………….
3. Will you be assigned on return the same area for which you will undergo training abroad?

 ……………………………………………………………………………………………………………

 ……………………………………………………………………………………………………………

1. Details of beneficiary for transfer of payments.

1. Name of account holder ………………………………………………………………..
2. IFSC Code No. …………………………………………………………………………
3. Account no. ………………………………………………………………………………
4. Bank name and Branch address ………………………………………………………..

 Signature

Remarks of Head of the Department or Institution Date………………………

**WORLD FEDERATION OF NEUROSURGICAL SOCIETIES (INDIA) TRUST**

A – 3, Sector – 26, NOIDA – 201301

Tel. No. 09871198724, Email : wfnsitrust89@gmail.com

**FORM FOR APPLYING FOR FINANCIAL ASSISTANCE FOR**

**ATTENDING CONFERENCE/WORKSHOP/ SYMPOSIA IN INDIA**

**Please apply on email only.**

1. Name (Block Letters)……………………………………………………………..........................................
2. Age…………………………………………………………………………………………………………...
3. Designation………………………………………………………………………………………………….
4. Address……………………………………………………………………………...……..………………………………………………………………………………..…………………………………………………

 ………………………………………………………………………………………………………………..

1. Mobile No………………………………………………………………………………………………….
2. Name of Workshop / Symposia / Conference..………..…………………………..........................................
3. Location & Date……………………………………………………………………………………………...
4. Organiser……………………………………………………………………………………………………..
5. Registration Fees……………………………………………………………………………………………..

 ………………………………………………………………………………………………………………..

 ………………………………………………………………………………………………………………..

1. Neurological Society of India Membership No……………………………………..Full/Associate member
2. Whether all dues of NSI paid to date…………………………………………Yes/No………………………
3. If received any financial assistance from WFNS (I) Trust in last 2 years

 (a) If yes, details………………………………………………………………………………………………

12. Are you receiving or likely to receive financial support from another source ?

 (a) If yes, details………………………………………………………………………………………………

1. Details of beneficiary for transfer of payments.

1. Name of account holder ………………………………………………………………..
2. IFSC Code No. …………………………………………………………………………
3. Account no. ………………………………………………………………………………
4. Bank name and Branch address ……………………………………………………….

Date…………………………………… Signature

**Remarks of Head of the Department or Institution**

(Applicable only to those working in Institutions)

**Cheques would be sent on receipt of certificate of conference attendance and certificate whether**

 **financial assistance from any other source was obtained.**