



NEUROLOGICAL SURGEONS' SOCIETY OF INDIA

Travel Fellowship Application

Membership No: NSSI-.....

Name of Applicant.....

Date of Birth.....Sex..... Qualification.....

Institute.....

Mailing Address.....

Pin code No.....State.....Mobile No.....

Email Address.....

Detail of Conference: Name of Conference

Date.....Place.....

Title of Presentation.....

Fare (Railway AC III Class Including return fare.) Rs..... (Attached a copy of Ticket)

Recommendation of HOD.....

.....Designation.....

Signature (Applicant)..... Signature (HOD).....

Declaration

I am not receiving any financial grant from the institute/society/any other organization. This is to verify that the above contents are true and correct.

Place.....Date.....Signature of Applicant.....

For NSSI Office Use		
SANCTIONED Rs.....	NOT SANCTIONED	
President	Secretary	Treasurer
Receipt of Travel Fellowship		
I receive the cheque no.....of Rs.....		
(In words).....Signature with Date.....(Applicant)		
Applicant must be a member of NSSI since 1 year and below 40 years in age. Applicant must be a whole time junior consultant, postgraduate student, resident or Nursing person/Neuro Technician in any branch of Neurosurgery. The applicant must have no dues payable to the society. Please send form to Treasurer NSSI before 20th Feb: Dr.R.S.Mittal Dr. 105 Virndavan Vihar Colony Near Shyam Nagar Police Station Nirman Nagar Ajmer Road, Jaipur 302001 Mobile +919414244866. Phone +1412566484, +1412571317 email: dr_mittal@hotmail.com, nssi.india@gmail.com		