

ISPPD Travel Grant Application

Please return the completed application form with enclosures to:

General Secretary

Indian Society of Pedodontics and Preventive Dentistry

Post Graduate Dept. of Pediatric & Preventive Dentistry

Subharti Dental College & Hospital

Swami Vivekanand Subharti University

Delhi-Haridwar Bypass Road, Meerut-250005

Tel: +0121 (0)6678000 e-mail:

secretaryisppd2018@gmail.com



For Life members of ISPPD

Part I PERSONAL DETAILS

Name		Age & Gender	
Affiliation			
Designation			
City & State:		Pin code	
Telephone:		Mobile phone:	
Email address:		ISPPD Registration no.	
DCI Registration No. with validity		Home Address	

Part II APPLICATION DETAILS

1. Purpose of proposed travel

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2. Name of the supervisor

3. University/ Department/Place of proposed travel (provide complete address)

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4. Head of the Department/ college of proposed visit
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5. Details of cost of proposed travel (pl provide breakup cost eg tickets, registration, accommodation etc):

Part III Travel Information (pl do not disclose the identity of the applicant, his place/department etc. if disclosed, application will be rejected)

1. Aims of the proposed Travel & expected learning outcomes (max 350 words)

2. Detailed description of Conference/ planned activities of your visit (max 350 words)

3. Name of the supervisor & Head of the Department/ College or Organising Chairman of the planned visit with complete address (including email address & website details)

4. Relevance to your career (max 200 words)

5. Dates & duration of the Travel



Enclosures:

1. Detailed CV highlighting your previous professional travel history (max 1000 words)
2. Letter of support from the proposed supervisor
3. Letter of invitation from the Head of the Department/ College or Organising Chairman of planned visit
4. Copy of the DCI registration & ISPPD membership
5. Proof of ISPPD Conference/ PG Convention attendance in the last 3 years.

Last date for sending applications to the ISPPD HO – 30th July 2020

There are 02 grants of Rs 50,000/- each. A letter will be issued if your application is selected for the travel grant however money will be released after receipt of your report, which must be submitted to the HO immediately but not later than two months of your travel. . ***Pl send your application or report ONLY through mail at secretaryisppd2018@gmail.com***

Terms and conditions of the travel grant:

1. The applicant should be a life member of ISPPD for last 3 years & must have attended atleast 2 national events of the society (national conference or PG convention)
2. ***Pl submit the application in 2 separate folders; folder 1 should have full application duly signed with all enclosures while folder 2 should have ONLY part III of the application (part III points 1-5)***
3. Application without all 5 enclosures **will not be** considered for the grant.
4. The filled application must be countersigned by HoD (in case the member is a dental faculty) or by a senior member* of ISPPD (in case the member is HOD or a private practitioner)
Countersigning senior member should be senior to the applicant.*

Declaration

I confirm that the information provided by me is correct to the best of my knowledge. If any of the above-mentioned information is found incorrect/false, my application can be rejected. I also agree to abide by the terms and conditions for the grant.

Place:

Signature:

Date:

Name of the applicant:

Countersign

Signature.....

Name, designation & complete address

.....

ISPPD number, mobile number & email id.....