

## **Travelling fellowship [WFNS] to attend SGPGI MISS Conference & workshop**

The organizing committee of SGPGI MISS Conference & workshop 2019 is pleased to inform that the world federation of neurosurgical societies (INDIA) trust (WFNS) will be providing the Travel Grant Support to Young Neurosurgeons [less than 40 years] to help them in attending SGPGI MISS Conference & workshop 2019.

Kindly refer to the terms and conditions as mentioned there in the form [link is given below].

The aspirants may send the duly filled application form to them directly by emailing at 1) [wfnstrust89@gmail.com](mailto:wfnstrust89@gmail.com), 2) [akb1935@yahoo.com](mailto:akb1935@yahoo.com) with a copy to [sgpgioration19@gmail.com](mailto:sgpgioration19@gmail.com)

### **Terms & conditions to avail the travel grant**

- 1) Young Neurosurgeons [less than 40 yrs of age].
- 2) Should be member of a Neurological society of India [NSI].
- 3) Preference will be given to those who have not availed of grants from the Trust earlier.
- 4) 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.
- 5) The decision of the Trust is final in all matters.
- 6) Decision regarding application will be communicated to you within 4 weeks of receipt of application.
- 7) Incomplete forms will not be entertained.

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

A – 3, Sector – 26, NOIDA – 201301

Tel. No. 09871198724, Email : [akb1935@yahoo.com](mailto:akb1935@yahoo.com)

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

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 .....
5. Mobile No. ....
6. Name of Workshop/ Symposia/Conference .....
7. Location & Date.....
8. Organiser.....
9. Registration Fees.....
10. Neurological Society of India Membership No..... Full/Associate member
11. Whether all dues of NSI paid to date..... Yes/No.....
12. 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.....
13. 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.**