

BIRLA INSTITUTE OF TECHNOLOGY AND SCIENCE, PILANI
Academic Graduate Studies and Research Division

Application for Domestic Travel Award

PART A: TO BE TYPED BY STUDENT

Name & ID No. of Student:

Department:

Name of the supervisor:

Name of co-supervisor/s:

1. Date of admission to the Ph.D. program:

2. Date of passing the Ph.D. qualifying examination:

3. Date of approval of Ph.D. proposal:

4. Topic of research:

5. Type of fellowship (Institute/sponsored project/own fellowship):

6. CONFERENCE/WORKSHOP/SYMPOSIUM INFORMATION

i. Purpose of the visit:(Tick appropriate box below)

Presenting Paper Presenting Poster Attending Workshop/Symposium

ii. Whether paper has been accepted: Yes No

iii. Title of the poster/paper:.....

iv. List of authors in sequence:

v. Name of the conference/Workshop/ Symposium:.....

vi. Venue:.....

vii. Dates of event: From..... to

viii. Organized by:.....

ix. Conference metrics (where available; quartile/ABDC etc):

7. Financial Involvements (INR):

a) Registration fees (Conference/Workshop/Symposium): ₹.....

b) Total Travel Expenses: ₹.....

c) Accommodation and boarding: ₹.....

d) Local conveyance: ₹.....

Total (a + b + c + d + e): ₹.....

8. Have you availed the domestic travel grant before? Yes No

If yes, provide details (Year, Title of paper,

conference):.....

9. Enclosures:(Please tick)

Acceptance of the paper Copy of the abstract Brochure of conference

10. Any other information:

Signature & Name of Applicant

PART B: Supervisor Recommendation: To be filled by supervisor (Please provide specific comments on the quality and progress of work, including alignment of the work with the approved research proposal and confirming the veracity of information provided)

**(Signature & Name of Supervisor)
Date:**

**(Signature & Name of Co-Supervisor)
Date:**

DAC Recommendation: To be filled by DAC members (Please provide specific comments, if any, with regard to the application)

DAC Member 1 Name & Signature:

Date:

DAC Member 2 Name & Signature:

Date:

PART C: DRC Recommendation: Provide specific comments on the quality and progress of work, including alignment of the work with the approved research proposal. DRC may consult with DAC members.

**Signature & Name of HOD
Date:**

Signature & Name of DRC Convener