**BIRLA INSTITUTE OF TECHNOLOGY AND SCIENCE PILANI**

**Academic Graduate Studies and Research Division**

**Application for International 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. programme**:
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 INFORMATION**
7. Purpose of the visit: (Tick appropriate box below)

 Presenting Paper Presenting Poster

1. Whether paper has been accepted: Yes No
2. Title of the poster/paper: …………………………………………………………………………………………
3. List of authors in sequence: …………………………………………………………
4. Name of the conference: ……………………………..…………………………………….……
5. Conference venue: ………………………………………………………………………………………
6. Dates of event: From………………....…… to ………………..……..
7. Organized by: ……………………………………………..
8. Conference metrics (where available; quartile/ABDC etc): …………………..
9. Financial Involvements (INR):
10. Registration fees: **₹**……………………………
11. Airfare: **₹**…………………………
12. Accommodation and boarding: **₹**………………………
13. Visa fees: **₹**………………..
14. Local conveyance: **₹**……………………..

Total (a + b + c + d + e): **₹**…………………………

1. Have you availed the institute travel grant before? Yes No

 If yes, provide details (Year, Title of paper, conference): ……………………………………………………………………

1. 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 veracity of information provided)**

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

**Date: 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 Signature & Name of DRC Convener**

**Date:**