**APPLICATIONFORINSTITUTE TRAVEL GRANTFOR RESEARCHSCHOLARS**

(Tobesubmitted30days inadvance)

**(BeforefillingthisformpleasereadtheguidelinesavailableonAGSRDwebsite)**

Dated:……………..

**1.**Applicant’sName:……………………………………………..ID:……………..................

Emailaddress:…………………………………………………..MobileNo.:…………………………………………………..

Supervisor'sName......................................................... Department.....................................................................

Type of Fellowship  Institute fellow  Project Fellow Self sponsored from other agency, Specify:…………...

1. Purposeofthevisit:(Tick appropriateboxbelow)

 Presenting Paper Presenting Poster Attending Workshop/Symposium

1. Whetherpaperhasbeenaccepted: Yes No
2. Titleoftheposter/paper:………………………………………………………………………………………………………………

………………………………………………………………………………………………………………

1. Nameoftheconference/ workshop/symposium:……………………………..…………………………………….……
2. Venue:…………………………………………………………………………………………………………………………………..

……………………………………………………………………………………………………………………………………………

Dates ofevent: From………………....…… to ………………..……..Organizedby:……………………………………………..

1. Financial Involvements(Rs):
2. Registration(Conference/ Workshop/Symposium)fee:**₹**……………………………
3. Total Travel Expenses: **₹**…………………………
4. Accommodation and Food:**₹**………………………

 Total (a + b + c):**₹**…………………………

1. Have you availed the travel grant in the current financial year? Yes No

 Ifyes,providedetails(Year,Titleofpaper,conference):……………………………………………………………………

……………………………………………………………………………………………………………………………………..

1. Enclosures:(Pleasetick)

Acceptance of the paper Copy of the abstract Brochure of conference/workshop/ Symposium

10.Remarks if any ………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………….

**Signatureoftheapplicant: ………………….**

**Name & Signature of Supervisor Name & Signature of HOD**

**Associate Dean AGSRD Associate Dean GCIR**

**(Prof. Bharat Deshpande) (Prof. Shibu Clement)**

**Approved / Not Approved**

**Dean Administration**