**General Information**: The award was instituted in the year 2009 by the Organizer of XV Annual Convention of ISVIB and national symposium at College of Veterinary Science, CCS, Haryana Agricultural University, Hisar, Haryana.

**Eligibility:** PG/Ph.D students in the disciplines of Veterinary Microbiology, Immunology and Biotechnology

**Mode of application:** The candidate should send the application to the Secretary ISVIB through the Head of the institution in which he is studying along with the acceptance letter for his/her abstract from the organizing secretary of the ISVIB annual convention.

**Number of awards:** Two awards each year.

**What is covered:** The award covers, travel expenses from their institution to the place of the Annual convention and back by train, registration fees and accommodation charges subject to a maximum of Rs.3000/- (Rs. Three thousands only) per student. Award will be disbursed only upon submission of receipts in original.

**Hard copy application shall be sent to**

**The Secretary, ISVIB**

**Department of Veterinary Microbiology,**

**Madras Veterinary College, Vepery, Chennai 600007, TN**

**Soft copy of the same shall be sent to**

**secretary\_isvib@gmail.com**

**APPLICATION FORM**

|  |  |
| --- | --- |
| Full Name of Candidate  (Capital Letters) |  |
| Date of Birth |  |
| Gender |  |
| Nationality |  |
| Contact Address |  |
| Email ID |  |
| Mobile Number |  |
| Institutional Affiliation |  |
| ID. No. at your institution |  |
| Degree in which studying |  |
| Title of abstract |  |
| Is the applicant the first author |  |
| Date of submission of abstract |  |
| Enclose the acceptance letter received from ISVIB | |
|  | **Signature of candidate** |

**ENDORSEMENT BY THE HEAD OF INSTITUTION**

I hereby recommend Dr./Mr./Ms. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ for the **ISVIB –Student Travel Grant**. I confirm that he/ she is a bonafide student of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (***name of the institution***) and that his/ her application fully meets the eligibility criteria.

Date:

Place:

Signature

Name:

Designation:

Office seal: