**General Information**: This award was instituted in the year 2010 by the Organizer of XVI Annual Convention of ISVIB and national symposium at Veterinary College & Research Institute, Namakkal, Tamil Nadu. This award is effective from the XVIII Annual convention of ISVIB.

**Eligibility:** All UG & PG Veterinary students

**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 event.

**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.5000/- (Rs. Five 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 – VC&RI Namakkal Silver Jubilee 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: