

SCHOLARSHIP APPLICATION FORM

Note: Only student delegates submitting abstracts are eligible to apply for scholarship.

SECTION 1: REGISTRATION DETAILS

Name of the student: Dr./Mr./Ms. _____

Course Details (currently studying degree and subject): _____

Institution: University College Institution Name: _____

Age: _____ Sex: Male Female

Area: Basic Sciences Clinical Sciences Social Sciences Others

Postal Address: _____

Mobile: _____ Phone: _____

Primary eMail: _____ Alternate eMail: _____
(Compulsory) (if available)

Did you get scholarship for HIV SCIENCE 2008/2009/2010? Yes No

Do you get stipend or fellowship or scholarship for your current degree? Yes No

If yes, name funding agency and amount received per month _____

1) State reason (s) for attending this symposium HIV SCIENCE 2012:

2) How this symposium will be useful for your future career?

3) Short summary of your area of interest in HIV/AIDS (Enclose separate pages, if space insufficient):

INSTRUCTIONS

Scholarship Application: Only students (Indian nationals) submitting abstracts need to apply for the scholarship.

Filled-in Scholarship Form: Return this original completed form, via post / courier to the Symposium Secretariat. This scholarship form has to be sent along with complete registration documents (registration form, xerox copy of student identity card OR a bonafide letter and DD) and Curriculum Vitae in the prescribed format (if Curriculum Vitae is not in the prescribed format the application will not be considered for the scrutiny).

Award of Scholarship: Only very limited number of scholarships is available. If scholarship is secured, the registration fee will be returned back to the applicant.

Contact Us: Should you have clarification regarding registration/scholarships, please contact the Symposium Secretariat at HIVSymposium@yrgcare.org.

DECLARATION

The information provided in the scholarship form is true and correct to the best of my knowledge. I have taken notice of the scholarship instructions on this form.

Date: _____ | _____ | _____ Place: _____

Signature: _____

Name and Signature of the Head of the Institution/ department with Seal:

The Symposium Secretariat
4th National and 1st International Science Symposium on HIV & Infectious Diseases
YRG Centre for AIDS Research and Education
Voluntary Health Services Hospital Campus
Taramani, Chennai - 600113
eMail: HIVSymposium@yrgcare.org
Web: <http://HIVSCIENCE.yrgcare.org>
Tel: 044-39106800/01/02/03/04/05

