

# **IRIA International Travel Fellowship Grant** **(ECR, ICR, AOCC, RSNA, KCR, CSR and RSSC)**

- 1 50% of shortest Economy class air-fare, upto max. Rs. 25,000/, to SIX persons each for attending RSNA, ECR, ICR, AOCC, RSNA, KCR & RSSC whose paper / posters are accepted.
- 2 IRIA Central office shall communicate clear guidelines and rules and regulations to all members of IRIA about this information to apply for above conferences through IRIA website & News Bulletin.

## **CRITERIA FOR SELECTION**

- 1 Life Member of IRIA and practicing in India for the last 3 years as per Central HQs. records.
- 2 Residents must be Provisional LM of IRIA with at least one year of membership as per Central HQs records.
- 3 Members should apply through specified form available in IRIA News Bulletin and website on or before the specified date to the IRIA office through Regd. A.D. with due acknowledgment.
- 4 A member can avail for one international conference in a year.
- 5 Oral paper presentations to be given priority over poster.
- 6 Selection should be very transparent, preferably by a lottery system taken during a CCM, if there are more than 6 candidates for each fellowship.
- 7 The grant amount can be reimbursed after submitting the original used Air Ticket, Boarding Card, copy of participation certificate of the applied Conference to the IRIA HQs by the member.
- 8 Once selected, the particular member is not eligible to apply for the same or any other international conference for next 4 years.

## **INSTRUCTIONS**

1. Certification by the HoD with seal of the Institution in the same form is mandatory for the resident(s).
2. Write full name as written in the passport and same name should appear in the air-ticket.
3. Incomplete application forms will not be accepted.
4. Acknowledgment of receipt of application form does not necessarily mean selection for grant. Selection will be purely by lottery system.
5. Enclosures:
  - a. Copy of acceptance letter issued by the conference organizers
  - b. Passport size photograph
6. Application form and enclosures should be sent to the following IRIA office address by registered AD post.

Dr. Jignesh Thakker  
Secretary General  
Indian Radiological & Imaging Association  
IRIA House, C-5, Qutab Institutional Area  
New Delhi-110 016

**Note: Last date of submission of application for IRIA International Travel Fellowship Grants' for SAARC Congress of Radiology is December 31, 2011 and ECR 2012 is 22 January, 2012.**

# INDIAN RADIOLOGICAL & IMAGING ASSOCIATION

Registered under "Registration of Societies Act XXI of 1860" vide Registration No. 6644 dated 30.03.1937

## APPLICATION FOR IRIA INTERNATIONAL TRAVEL FELLOWSHIP GRANT

Secretariat: IRIA House, C-5, Qutab Institutional Area, New Delhi-110 016

Tel. 011-26965598, 011-41688846, Fax : 011-26565391

E-mail: iria37@gmail.com, Website: www.iria.in

For last dates, please refer to previous page.



1. Please read the instructions carefully before filling the form.
2. Fill the form in CAPITAL LETTERS with black ink pen only.

Name* (CAPITAL LETTERS) _____	Please affix your recent passport size photograph
Father's/Husband's Name _____	
Designation* _____ IRIA Folio No* _____	
Qualifications* _____	
Name of Institute/Clinic/Hospital _____	
Address of Institute _____	
_____ City _____	
PIN _____ Tel. Nos. _____	
Cell No. _____ Email*: _____	
Address for correspondence _____	
_____ City _____	
PIN _____ State _____ Tel. No. _____	
Name of Conference applying for (AOCR/RSNA/ECR/ICR)* _____	
Date of Conference* _____ Place of Conference _____	
Type of presentation: Oral/Poster _____ Date of Presentation*: _____	
Title of Oral/Poster presentation accepted*: _____	
Enclosed copy of acceptance letter*: Yes/No _____	
<b>Certificate* (applicable for Residents)</b>	
I (HoD name) _____ certify that Dr. _____	
is the Life/Provisional Life member _____ of IRIA and is (year) _____ resident	
in the Dept. of Radiology in this Institute (Name of Institute) _____.	
Date: _____ Place _____	
Signatures _____	
Name of HoD _____ Institute Seal* _____	

### Declaration\*

I, Dr. \_\_\_\_\_ solemnly affirm that the above information is true and correct to the best of my knowledge and belief and I abide by the guidelines, terms and conditions laid down by Indian Radiological & Imaging Association. Also I have not received any financial assistance from anywhere. If proved at any stage that the above information is incorrect, I will refund the grant amount to Indian Radiological & Imaging Association or can be recovered by the Association.

Date: \_\_\_\_\_

Signature of candidate \_\_\_\_\_ Full Name of Applicant \_\_\_\_\_

Note: Fields marked with \* are compulsory