

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

To,

All the Members of Indian Radiological & Imaging Association

Dear Members,

The applications are hereby invited for IRIA International Travel Fellowship Grant for international conferences as mentioned and as per criteria as given below.

- 1 100% of shortest Economy class air-fare, upto max. Rs. 25,000/, to six persons each for attending ECR, ICR, AOCC, RSNA, KCR, and CSR 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 and 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 Oral paper presentations to be given priority over poster.
- 5 Selection should be very transparent, preferably by a lottery system taken during a CCM, if there are more than 6 candidates for each fellowship.
- 6 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.
- 7 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 residents.
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 at IRIA office address by Registered AD post/courier service.

Dr. Pramod Lonikar
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 RSNA 2016 is 10.11.2016, ECR 2017 is 31.12.2016.

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



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 (ECR, ICR, AOCC, RSNA, KCR & CSR)* _____	
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 _____	

Certificate* (applicable for Residents)

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