

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 Oral Paper 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. As decided in the GBM held at Mumbai, **the IRIA International Travel Fellowship Grant shall be given for oral paper presentation only to the Life Member/Provisional Life Members who are under 40 years** of age as on 1st January of year of applying for the grant.
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. Selection should be very transparent, preferably by a lottery system taken during a CCM, if there are more than 6 candidates for each fellowship.
5. 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.
6. 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. C. Amarnath
Secretary General
Indian Radiological & Imaging Association
IRIA House, C-5, Qutab Institutional Area
New Delhi-110016

Note:
Last date of submission of application for 'IRIA International Travel Fellowship Grant for RSNA 2018 is 31st October, 2018 and ECR 2019 is 13th January, 2019.

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) _____

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, AOCR, RSNA, KCR & CSR)* _____

Date of Conference* _____ Place of Conference _____

Type of presentation: **Oral Presentation only** Date of Presentation*: _____

Title of Oral 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**

Please affix your recent passport size photograph