

WORLD FEDERATION OF NEUROSURGICAL SOCIETIES (INDIA) TRUST

A – 3, Sector – 26, NOIDA – 201301

Tel. No. 09871198724, Email: wfnsitrust89@gmail.com

**FORM FOR APPLYING FOR FINANCIAL ASSISTANCE FOR
ATTENDING CONFERENCE/WORKSHOP/ SYMPOSIA IN INDIA**

Please apply on email only.

1. Name (Block Letters).....
2. Age.....
3. Designation.....
4. Address.....
.....
.....
5. Name of Workshop / Symposia / Conference.....
6. Location & Date.....
7. Organiser.....
8. Registration Fees.....
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9. Neurological Society of India Membership No.....Full/Associate member
10. Whether all dues of NSI paid to date.....Yes/No.....
11. If received any financial assistance from WFNS (I) Trust in last 2 years
(a) If yes, details.....
12. Are you receiving or likely to receive financial support from another source ?
(a) If yes, details.....
13. Details of beneficiary for transfer of payments.
 1. Name of account holder
 2. IFSC Code No.
 3. Account no.
 4. Bank name and Branch address

Date.....

Signature

Remarks of Head of the Department or Institution

(Applicable only to those working in Institutions)

Cheques would be sent on receipt of certificate of conference attendance and certificate whether financial assistance from any other source was obtained.