**APPLICATION for SRR Student Travel Award (SSTA)**

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| --- | --- | --- | --- |
|  | **Name**  | **:** |  |
|  | **Date of birth**  | **:** |  |
|  | **Gender**  | **:** |  |
|  | **Present position** (JRF/SRF/RA/PDF/any other) | **:** |  |
|  | **Department/Institution with full address**  | **:** |  |
|  | **Email and contact no. of candidate** | **:** |  |
|  | **Topic of Ph.D. Thesis/Project**  | **:** |  |
|  | **Name and details of research Guide/Supervisor** | **:** |  |
|  | **Title of the abstract and abstract no.**  | **:** |  |
|  | **Mode of Presentation (Oral/Poster)**  | **:** |  |
|  | **Approx. return fare (train 3AC) by shortest route to Mumbai**  | **:** |  |

I wish to apply for SRR Student Travel grant since I do not have fund/fellowship for travel towards participation in ICRR-HHE 2016.

Date Signature of the candidate

**Certificate**

It is to certify that Ms/Mr/Dr..............................................is working in my Laboratory/Department/Institution and he/she do not have travel fund from fellowship/Institution towards her participation in ICRR-HHE 2016.

Date Signature and official seal/stamp of the Guide/Supervisor/Head of Department/Institute

**Note:** Applicants should send a soft copy of duly filled in and signed application form by **Dec. 15, 2015** through email icrrhhe2016@gmail.com with subject line **'SRR Student Travel Award Application'**. **Late and incomplete applications will not be considered.** A copy of ticket should be submitted during the Conference.