**APPLICATION for ICRR-HHE 2024 SRR Student Travel Award (SSTA)**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Name**  | **:** |  |
|  | **Date of birth**  | **:** |  |
|  | **Gender**  | **:** |  |
|  | **Present position** (JRF/SRF/RA/PDF/any other) | **:** |  |
|  | **Department/Institution with full address**  | **:** |  |
|  | **Are you SRR Member**, if yes provide Membership number | **:** |  |
|  | **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 2024.

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 2024.

Date Signature and official seal/stamp of

**Note:** Duly filled and signed in application form should be submitted at the time of registration and abstract submission. A copy of ticket should be submitted during the Conference for re-imbursement. Award will be selected based on the merit of abstract and order of preference (students, PDF, RA). *A preference would be given to SRR members.*