

SCHOLARSHIP APPLICATION

Scholarship applicants must send in this format duly filled before September 30, 2009. Scholarships will be awarded on the basis of availability of resources. Applicants will be notified by October 31, 2009.

Kindly use CAPITAL LETTERS while filling the application form

Name			
Sex			
Nationality			
Designation			
Organization (with address)	Mailing Address		
Contact No.	Res.	Off.	
	Cell:		
E-mail			
Have you registered as a delegate <input type="checkbox"/> Yes <input type="checkbox"/> No			
Where did you know about Ind-IPAC 2009?			
<input type="checkbox"/> Direct Mail <input type="checkbox"/> Email <input type="checkbox"/> I-IPAC/AKH website <input type="checkbox"/> Word of Mouth <input type="checkbox"/> Other (please specify):			
<p>Please include other details that will merit your application.</p> <p>Please use the space below for a brief biography describing your current work, research projects in Pediatric AIDS (completed or ongoing) and plans for sharing your experience from the Conference. (Please type or print clearly)</p>			

Tick appropriate one

International Delegates: Scholarship consists of <ul style="list-style-type: none">• Accommodation (from 20th to 23rd November) <input type="checkbox"/>• Local travel <input type="checkbox"/>• Pre and post Conference sightseeing <input type="checkbox"/>	National Delegates: Scholarship consists of <ul style="list-style-type: none">• To and fro travel (as per state wise slabs) <input type="checkbox"/>• Accommodation (from 20th to 23rd November) <input type="checkbox"/>• Local travel <input type="checkbox"/>• Pre and post Conference sightseeing <input type="checkbox"/>
Terms & Conditions: <ul style="list-style-type: none">▪ Registration to the Conference is compulsory for Scholarship applicants.▪ Delegates, whose abstracts are accepted for oral presentation, get a waiver of registration.▪ If you receive support from other sources, scholarship privileges should be returned to benefit other delegates.▪ Accommodation will be provided on twin sharing basis.▪ For any queries, call or e-mail to conference secretariat.	
Send this completed Application to: ASHA KIRANA HOSPITAL, #CA-1, Ring Road, Hebbal Industrial Housing Area, Next to J. K. Tyres Radial Plant Green Belt, Mysore – 570 016. Karnataka State. INDIA. Ph: +91-821-4280466, 2497729. Cell: +91-9008491101. E-mail: ipac.akh@gmail.com	

Signature of delegate

FOR OFFICE USE ONLY

Date Received	
Entered in IPAC register	
Scholarship Registration Number	
Confirmation Sent	

Authorised Signatory