

Dr. B.R. Ambedkar University Delhi

**Annexure -1 (Student Travel Grant Application Form)**

(Students are requested to submit filled application to the Office of the Dean of the School)

1.	Name of the Student (Attach ID card issued by the University)	
2.	Programme	
3.	School	
4.	Enrolment Number	
5.	Details of Seminar/ Conference/ Workshop/ Paper and Poster Presentation	International [    ]                  National [    ]
6.	Nature of Seminar/ Conference/ Workshop/ Paper and Poster Presentation	Single [    ]                  Co-Authored [    ]
7.	Role Of Applicant in the Seminar/Conference/Workshop/Paper and Poster Presentation  <u>(copy of invitation letter/letter of acceptance and copy of abstract to be attached)</u>	Presenter [    ] Participant [    ] Other        [    ]
8.	Name of the Organizer	
9.	Name of the Hosting Organization	
10.	Theme and Title of the Seminar/ Conference/ Workshop/ Paper and Poster Presentation	
11.	Duration & Dates of the Seminar/ Conference/ Workshop/ Paper and Poster Presentation	Total no. of Days: _____  Dated: From _____ to _____
12.	Venue of the Seminar/ Conference/ Workshop/ Paper and Poster Presentation	City _____ State _____ Country _____
13.	Please indicate the details of grant availed earlier from Dr. B.R.	Yes [    ]                  No [    ] If yes, provide details:

	Ambedkar University Delhi if any,	International <input type="checkbox"/> National <input type="checkbox"/> <b>Dates and Venue of the Seminar/ Conference/ Workshop/ Paper and Poster Presentation</b> Dates: _____ Venue: _____
14.	Registration Fee	
15.	Mode & Fare of Journey (approx.)	By Air/By Train/ By Road      Fare (INR):  Route:
16.	Per Diem expenses (INR)	
17.	Please indicate if any of the above are provided by Host organization: (Under Sl. no.14-16)	Yes [    ]      No [    ] If yes, provide details: _____ _____
Enclosures: (Pls. Tick)  1. Copy of Proposal/Abstract [    ] 2. Letter of Invitation            [    ] 3. Details of Seminar/ Conference/ Workshop/Paper and Poster Presentation etc.            [    ] 4. Any Other                            [    ]		Amount of assistance required from Dr. B.R. Ambedkar University Delhi. Total (INR): _____
<p><b><u>DECLARATION</u></b></p> <p>I.....hereby declare that the above information furnished by me, is true to the best of my knowledge and belief and I also declare that I am availing/not availing/ partially availing funding/scholarships/fellowship for the aforesaid event from organiser/any other agencies (In case of any, kindly annexe details)</p> <p>Date: _____      Signature : _____</p>		

Remarks of the Programme Coordinator on the proposal:

Recommended [  ]

Not Recommended [  ]

Signature of the Programme Coordinator: \_\_\_\_\_

Date : \_\_\_\_\_

Remarks of the Dean of School on the proposal:

Recommended [  ]

Not Recommended [  ]

Signature of the Dean of School: \_\_\_\_\_

Date : \_\_\_\_\_

Remarks of the Standing Committee Student Travel Grant:

Signature of the Members of the Standing Committee Student Travel Grant:

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