Travel and Conference Grant Application Form

All sections of the form must be completed. If a section does not apply, indicate "N/A" or "None."

A. Identification of Applicant:	Date:
Last Name	
Given Name	
Dept/Class/Semester Year	
Rank/ Grade (CGPA)	
Mobile Number	
Email ID	
Enrollment Number	
B. Conference Information:	
Name of Conference/Event	
Location (city, state, country)	
Dates (from – to)	
Title of Paper, Presentation,	
Invited-if yes, amount of expenses covered Shortfall = expense – available funds	Yes \$ No
Contributed	Yes No Principal author/ co-author/other
If paper, indicate if to be published in peer-reviewed journal	Yes No

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C. Anticipated Outcomes and Benefits:

- (a) For Yourself:(b) For IIEST:

D. Estimated Expenses

Expense	Amount
Transportation	USD or INR
Accommodation	USD or INR
Meals	USD or INR
Registration Fee	USD or INR
Other (specify)	USD or INR
Total	USD or INR

E. Calculation of Funds for Proposed Travel

Funds Requested from GAABESU: (in USD or INR)				
Funds from other sources to be used for applicant's travel for this conference (please specify):				
USD or INR from the department, govt. etc.)	om	(indica	ate source: own grant,	
USD or INR from the department, govt. etc.)	NR from ent, govt. etc.)		_ (indicate source: own grant,	
Current Research Grants Held (please check box below or fill in table).				
□ None				
Source	A	mount	Academic Year	

Signature of Applicant:					
F.	Atta	chments			
1.	Academic achievements over the last three years, including (where applicable) list of papers delivered or published, chapters in books, refereed conferences, other presentations, etc.				
2.	Evidence of the proposed conference and acceptance of the paper:				
	Atta	ch (at least one,	or as many as availa	ole)	
	a) Letter of acceptance of the paper from the conference organizers, o				
	b) Copy of the Conference program where the name of the author (s) and title of the paper appear.				
		inistrative Appr ory):	roval - Department H	ead's evaluation and recommendation	
End	dorse	ement and ratin	g of the application,	using the following scale	
1 =	not r	ecommended	2 = recommended	3 = strongly recommended	
	a) sig	e: se comment on: gnificance of the co ndidate's merit.	onference, and		
Red	comr	nendation:			
Cor	mme	nts:			
Sig	natur	e: Department H	lead		