

SCHOLARSHIP APPLICATION FORM

Note: Only student delegates submitting abstracts are eligible to apply for scholarship.

SECTION 1: REGISTRATION DETAILS

Name of the student: Dr./Mr./Ms. _____

Course Details (currently studying degree and subject): _____

Institution: University College Institution Name: _____

Age: _____ Sex: Male Female

Area: Basic Sciences Clinical Sciences Social Sciences Others

Postal Address: _____

Mobile: _____ Phone: _____

Primary eMail: _____ Alternate eMail: _____
(Compulsory) (if available)

Did you get scholarship for earlier HIV SCIENCE events (2008/09/10/12)? Yes No

Do you get stipend or fellowship or scholarship for your current degree? Yes No

If yes, name funding agency and amount received per month _____

1) State reason (s) for attending this symposium HIV SCIENCE 2014:

2) How this symposium will be useful for your future career?

3) Short summary of your area of interest in HIV/AIDS (Enclose separate pages, if space insufficient):

INSTRUCTIONS

Scholarship Application: Only students (Indian resident nationals) submitting abstracts need to apply for the scholarship.

Filled-in Scholarship Form: Return this original completed form, via post / courier to the Symposium Secretariat. This scholarship form has to be sent along with complete registration documents (registration form, xerox copy of student identity card OR a bonafide letter and Cheque /DD) and Curriculum Vitae in the prescribed format (if Curriculum Vitae is not in the prescribed format the application will not be considered for the scrutiny).

Award of Scholarship: Only very limited number of scholarships is available. If scholarship is secured, the registration fee will be returned back to the applicant.

Contact Us: Should you have clarification regarding registration/scholarships, please contact the Symposium Secretariat at HIVSymposium@yrgcare.org.

DECLARATION

The information provided in the scholarship form is true and correct to the best of my knowledge. I have taken notice of the scholarship instructions on this form.

Date: _____ | _____ | _____ Place: _____

Signature: _____

Name and Signature of the Head of the Institution/ department with Seal:

The Symposium Secretariat
2nd International Science Symposium on HIV & Infectious Diseases
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