



**Action, Science & Innovation for ending AIDS**

## SCHOLARSHIP FORM

Preferred Financial Support: \_\_\_\_\_  Please tick \_\_\_\_\_ against the support you would really need

Travel (Rail or Road)

Accommodation: (triple sharing- venue hotel)

Name \_\_\_\_\_ (start with family name) Gender \_\_\_\_\_ Age \_\_\_\_\_

Postal address \_\_\_\_\_

\_\_\_\_\_ City \_\_\_\_\_ Pin \_\_\_\_\_

Tel No. \_\_\_\_\_ Cell No. \_\_\_\_\_ E-mail ID \_\_\_\_\_

Qualification(s): \_\_\_\_\_

Occupation: \_\_\_\_\_

Medical Council Registration No.: \_\_\_\_\_

Field in which you are professionally active \_\_\_\_\_

How long have you worked in the HIV field? \_\_\_\_\_

Are you ASI member? (members preferred) \_\_\_\_\_

Articles/Papers you have had published/presented most recently (only 3)

Reference of any ASI GC member/HoD/ Institute head who can justify your application

If an abstract for ASICON is submitted, its title \_\_\_\_\_

Past HIV conferences you attended \_\_\_\_\_

Were you beneficiary of ASI Scholarship/ Sponsorship in the past (pl. specify)

I undertake that I have not received financial support from other resources/received partial support from other resources (quantify/details).

**Recommended by**

Place: \_\_\_\_\_

Name: \_\_\_\_\_

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

Designation: \_\_\_\_\_

**Applicant's Signature:**

**Signature:**

**Stamp**  
Institute/University