



**INDIVIDUAL GRANT PROPOSAL APPLICATION FORM**

**Please Note:**

- Please use this form in case you are applying for specialty conferences/ skill enhancement program/ short term training programs/ workshops (less than 1 month duration).
- Please submit two copies of this application form and supporting documents

**PLEASE TYPE OR WRITE IN BLACK INK USING BLOCK CAPITALS.**

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**I. PERSONAL DETAILS:**

**Name :** (Mr./ Ms./ Dr.) : .....  
First Name Middle Name Surname

**Gender:** Male  Female

**Date of Birth** (DD/MM/YYYY): ..... **Passport No** .....

**Permanent Address:** .....  
.....  
.....

**Correspondence Address:** .....  
.....  
.....

**Tel. No. (Res.):** ..... **Tel. No. (Off):** .....

**Mobile:** ..... **E-mail ID:** .....

**Registration Number:** ..... **PAN Number:** .....

**Marital Status:** Married  Single

**II. PROGRAMME DETAILS**

**For what program do you require the fellowship grant?** (Please tick the appropriate box)

Workshop  Skill Development Program/ Specialized Conferences

Training  Other  (please specify) .....

**Title of program:** .....

**Duration of the program**.....

**Details of Place where you will be attending the program**

Name of the organizers of the program.....

.....

Address: .....

.....

City and State: .....

Country: .....

**Please attach here a copy of your registration for the speciality conference/ workshop/ training program.**

**III. FUNDING**

Please note that the grant will be made to the applicant in form of account pay cheque

Total funds required (in INR).....

(Please mention the details in the budget)

The time duration for which the grant is sought: .....

**IV. BUDGET**

A detailed budget must be provided here, done in a format that is easily understood by the Grants Committee including all the details for example your airfare, registration fee, accommodation and other expenses.

Please also include a detailed rational explanation of why each component of the budget is necessary and also attach supporting documents (where ever necessary) to authenticate amounts mentioned here.

**V. DECLARATION**

I certify that the information given in this application is correct and complete to the best of my knowledge.

I agree to abide by the rules and regulations of the organization.

I accept that I will update CCF about the progress of my research/training/program on completion of half of their grant time period.

I understand that if any discrepancy is found in my form I will be disqualified from the decision making process for acquiring the grant for fellowship.

Further, I accept that on completion of my studies, I would continue to associate with the Chronic Care Foundation Fellowship Programme, and would be willing to take the role of mentoring others.

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

**Signature of Applicant:** \_\_\_\_\_

**Name of the Applicant in full** (in block letters): \_\_\_\_\_