FORM 3

INDIAN EPILEPSY ASSOCIATION / 18TH INTERNATIONAL EPILEPSY CONGRESS TRUST

Secretariat :

P.K Sethi, MD,

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Application Form for holding CME/Seminar/Workshop/Symposium etc.

Note:

- 1. This facility will be available only to valid members of Indian Epilepsy Association.
- 2. Selected candidates will be required to sign declaration as per Item 16 of this application
- 3. Seven copies of application are required to be sent to the office of the Trust through the local Chapter with their comments. If there is no local Chapter it may be sent direct. Application must reach the office atleast 3 months before usage.
- 1. Name of the applicant with educational qualifications.
- 2. Full address with telephone number.
- 3. Date of joining IEA:

Ordinary/Life Membership No.:

- Name of Scientific Association/Society/Institution on whose behalf the application is made:
- 5. Topic of Seminar/CME/Workshop/Sumposium: Give details: (Attach separate sheet) (Attach tentative/final programme)
- 6. Date. duration, place of function:

- 7. Name, address and designation of faculty member/members.
- 8. How many delegates are expected to attend.
- 9. What is the delegates fee?
- What financial assistance is offered to the faculty member/members and to the delegates? Give details. (Attach separate sheet)
- 11. Anticipated total expense, give details with supportive evidence.
- 12. Attach certificate/letter of acceptance from faculty members/letter granting usage of proposed venue from appropriate authority etc. relevant to the proposed function.
- 13. Any financial help expected from or applied for elsewhere. Give detail if proceedings are published, expected income from sponsors/advertisers.
- 14. Amount expected from the Trust.
- 15. To whom the cheque/bank draft is to be made payable?
- 16. I agree to:
- 16.1 Send to the Trust office final printed programme and the proceeding as soon as available.
- 16.2 Print prominently in both programme and proceeding that part of the function which is financed by the Trust.

- 16.3 To accept upto five nominees of the Trust to participate without any registration fees.
- 16.4 To send to the Trust office copy of audited account and utilisation certificate duly signed by a Chartered Accountant within 3 months of completion.
- 16.5 Send a stamped receipt to the Trust office for money sanctioned? Total money will be paid in two instalments.
- 17. How is this function going to help the local members of IEA?

Signature of the Applicant

Place:

Date:

Forwarded through local Chapter/Branch with their comments.

DECLARATION

At the end of the conference if there is an excess of income over expenditure, I undertake to do donate atleast 50% of this sum to the Trust Corpus.

Signature of the Applicant