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**Manipal Center for Infectious Diseases**

**Application for availing Conference facilities**

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| **Details of the Application** |  |
| * Name of the Student |  |
| * Course & year |  |
| * Department |  |
| * Institution |  |
| * E- mail ID |  |
| * Contact Number |  |
| **Conference details** | (Please attach the copy of brochure) |
| * Name of conference |  |
| * Date to be held on |  |
| * Venue |  |
| * Organized by (Association/Institution/University) |  |
| * Type of conference | State level/ National/ International conference |
| **Details of Research Paper:** |  |
| * Abstract submitted | Please submit the copy of the abstract and the acceptance letter |
| * Name of the corresponding author |  |
| * Title of Research paper |  |
| * Name of all the other authors (in the order) |  |
| * Types of presentation | Oral presentation/ Poster Presentation/ others (please specify)……………………… |
| * MAC ID Affiliation | Yes/No |
| **Assistance sought:** |  |
| * Financial (Please Tick) | Registration / / Travel / / Accommodation / / |
| **Date:** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Signature of the Applicant** |
| This abstract/paper has been accepted at the conference for presentation. It has been approved by the Institutional Research Committee/ a Committee constituted in the Department headed by the HOD, as being a good academic quality and the work of the presenting author.  It has not been presented at any other conference. The student has no other scholarships for attending the same conference.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name and Signature of the Guide Signature of the HOD | |

**Note:**

* Soft copy to be sent to Email Id: [macid.mu@manipal.edu](mailto:macid.mu@manipal.edu)
* Payment to the foreign entity should be processed through MAHE Finance. Before Making Payment to the foreign Entity Kindly contact MAC ID.

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| **For the use by MAC ID Reviewers**  **Reviewer 1 Reviewer 2**  Approved / Not approved Approved / Not approved  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name and signature of **Reviewer 1** Name and signature of **Reviewer 2** |