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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
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| * Course & year
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| * Department
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| * 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
* 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**  |