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| **Application for DJ Premachandra Educational Grant** | | | | | | | | | |
| 1. | Name |  | | | | | | | |
| 2. | Designation | Consultant | | |  | Senior Registrar | | |  |
| 3. | Date of passing MS/MD Part 11 |  | | | | | | | |
| 4. | Date of board certification  ( If you are board certified consultant) |  | | | | | | | |
| 5. | First attempt pass in MS/MD part 1 | Yes |  | No | | |  |  | |
| 6. | First attempt pass in MS/MD part 11 | Yes |  | No | | |  |  | |
| 7. | Research /Publications (Attach a separate sheet if necessary – Clearly mention abstract publications, journal publications and best paper awards for point calculation) |  | | | | | | | |
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| 9. | Educational course with details (web site or site of advertisement – attach a copy of the flier if available) |  | | | | | | | |
| 10. | Please provide following information:  Course fee:  Accommodation expenses:  Travel expenses: |  | | | | | | | |
| 11. | Contact Details | Mobile phone no  Email | | | | | | | |

I here by confirm that:

1. Above particulars are true to the best of my knowledge.
2. Agree to submit certificate of attendance and a brief report outlining the benefits gained by attending the course to the council within 4 weeks of finishing the course.
3. Will do a brief presentation on the subject at the following Annual Academic Session of the College.

Date ………………………… …………………………………….

Signature