

**Application for ISSH Inland Travelling Fellowship**  
USE ONLY CAPITAL LETTERS

To,  
**The President, ISSH**

I wish to apply for the aforementioned fellowship.

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Email: \_\_\_\_\_  
Mobile: \_\_\_\_\_ } registered with ISSH  
ISSH Membership No: \_\_\_\_\_ year of application: \_\_\_\_\_

Highest Qualification: \_\_\_\_\_ Year: \_\_\_\_\_ Institution: \_\_\_\_\_

Current Designation and Workplace: \_\_\_\_\_  
\_\_\_\_\_

Number of ISSHCONs attended in last 3 years: **1 2 3** (please attach certificates)

	Year	Place
1.	_____	_____
2.	_____	_____
3.	_____	_____

Centres intended to visit (please attach provisional concurrence)

1. \_\_\_\_\_ Mentor: \_\_\_\_\_  
2. \_\_\_\_\_ Mentor: \_\_\_\_\_

Proposed duration and dates (minimum 3 weeks): \_\_\_\_\_  
\_\_\_\_\_

Have you ever been selected for any of the following fellowships of the ISSH?

**-Inland                      -Acland Overseas                      -Dr Thatte and Family**

YES, Fellowship: \_\_\_\_\_ Year: \_\_\_\_\_

NO

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I certify that the above-furnished information is true to the best of my knowledge. I also undertake that I have read the Rules and Regulations fully and agree to comply with them. In case of any discrepancies or disputes, the decision(s) of the ISSH Executive Committee will be final and binding on me.

Signature and Name

Date:

Place: