



# PAKISTAN SOCIETY OF NUCLEAR MEDICINE

## TRAVEL GRANT APPLICATION FORM

### APPLICANT PARTICULARS

Name, Title, Designation -----  
Address (Office /Res)-----  
PSNM membership No -----  
Date of Birth -----email-----  
Phone No (Off)-----Res-----  
Date -----Signature -----  
Recommended by the head of institution: Yes  No  Signature

### DETAILS OF THE GRANTS APPLIED

Name of the Conference-----  
Place-----Date -----  
Supporting Documents  
Letter of acceptance from conference secretariat   
Details of another grant applied/pending/denied   
Applicant's CV with details of research & presentation

### EXPECTED EXPENDITURE

Cost of Air Travel -----  
Cost of Hotel Stay -----  
Conference Registration-----  
Note: Please attach the lowest quotes with evidence of quotes being lowest, if not provide justification of choosing the alternate .

### OFFICIAL USE ONLY

Grants Committee Recommendation: Yes  No   
Amount of Travel Grant sanctioned: -----PKR

Signature : President Vice General Finance  
President Secretary Secretary

Please submit your form at following address: [Executive-Council@psnmed.com](mailto:Executive-Council@psnmed.com)