University of Colombo

*Application for International Travel Grants*

*(Please read the attached guidelines for international travel grants to attend Scientific Meetings before completing this application. Failure, to provide the necessary information in full and submit the application in time will result in the application not being considered).*

1. Full Name of the applicant …………………………………………………

 ……………………………………………………………………………………………………….

 NIC No: ……………………………………………………………………………………………..

Faculty....................................................................................................................

Department.............................................................................................................

1. Contact details:
	1. Telephone no: (Office) -

 (Residence) -

 (Mobile) -

* 1. E-mail address:

3. Affiliation of the applicant: (Present title / position, and Date of appointment to the present position)

 ……………………………………………………………………………………………………………………………………………………………………………………………………………….

5. Details of the event that you wish to attend. Please submit photocopies of the brochures/letter of invitation and/or any other relevant document(s).

 (a) Title of the event:

 (b) Nature of attendance: participant only/oral presentation/poster presentation/key note speech/other (specify):

 (c) Place (City / Country):…………………………………………………………

 (d) Duration: (Day, Month, Year) From: …………….. To: …………………

(e) The International Airport closest to the venue: ………………………………….

6. Nature of the presentation

7. Briefly state your contribution to the research work (where there are more than one researcher involved)

8. Is the presentation concerned based on research funded by a Grant. If so please give the grant no. and the period of the project?

9. Please indicate whether the work has already been published elsewhere**.** Yes No

 If yes, please provide details (Title, Name of the Publication, Date of publication, Vol. no:)

10. Details of ongoing research projects

* 1. Title of the research project:
	2. Source of funds:
	3. Project period: From: To:
	4. Name of the PI (Principle Investigator) and/or the Supervisor of the project:
	5. If you are not the PI, please indicate your involvement with the project (strike off what is inapplicable)

Co-investigator/ Research Scientist/ Research Student/ Collaborator

* 1. If the presentation is based on an ongoing research project and if you are not the PI of the project, recommendation from the PI and/or the Supervisor of the Project:

11. Details of all overseas scientific visits supported by any Agency over the last 3 years

|  |  |  |  |
| --- | --- | --- | --- |
| **Conference / Meeting/ Workshop/Training programme**  | **Venue (City/ Country)** | **Duration with date of return to Sri Lanka** | **Source(s) of Funding** |
|  |  |  |  |

12. List presentations delivered at events held in Sri Lanka/ overseas related to the work that led to the proposed presentation within last two years (Use a separate sheet if necessary)

13. Cost of Participation:

 (a) Registration : …………………………………..

 (b) Airfare : …………………………………..

 (c) Subsistence : ……………………………………

14. Financial support requested from University (strike off what is inapplicable)

 Registration fee /Airfare /Subsistence -

 Total amount requested: SLR ……………………

15. Funding requirements met with personal funds (strike off what is inapplicable)

 Registration fee /Airfare /Subsistence /Other (specify)

16. Funds applied for or pledged by other agencies

 (a) Name of Agency : …………………………………………………

 (b) Nature of support: …………………………………………………

 (Airfare, Subsistence etc.)

1. Date of confirmation of the availability of funds:. ……………………..

17. If the abstract has more than one author, have they given their consent to the contents of the abstract and your proposed presentation?

 Co-authors Name Consent & the Signature

 ………………………………. ………………………………

 ……………………………….. ………………………………

18. Recommendation of the Head of the Department (where applicable)

19. Recommendation of the Dean of the Faculty (where applicable)

20. Declaration by the Applicant

I declare that the information given in this application form is true and correct to the best of my knowledge.

Date: ……………………… Signature of the Applicant:……………………………

21. Faculty Research Committee – Recommended/Not Recommended Date .......................................

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22. Recommendation of the University Research & Development Committee........................................

 Recommended/Not Recommended

**N.B.** The following supporting documents must be provided. Please check & tick

 1. Abstract/full paper of presentation

 2. Abstract accepted by the organizer of the event -

3. Letter of acceptance of participation / Letter of award -

 4. Evidence for partial support (if any) from other agencies -

5. Copy of the brochure describing the meeting, symposium events, speakers and registration and accommodation costs. -

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