



ACADEMY OF MEDICINE, SINGAPORE

PATRON: PRESIDENT OF THE REPUBLIC OF SINGAPORE

APPLICATION FOR TRAVEL ASSISTANCE

Note: Please complete and submit this form to the Board of Censors c/o Membership Division at least one month before the date of the meeting. **Please read the guidelines for the application before submission. Incomplete applications will not be considered.**

PART I (To be completed by Applicant)

Details of Applicant:

Name: _____

Present Appointment: _____ Date admitted as FAMS: _____

Mailing Address:

Tel: _____ Fax: _____ Email: _____

Details of Conference *(Please attach brochure)*

Name of Conference	Venue	Period (MM/YY)	
		From	To

Details of Paper for Presentation:

Title: _____

Name(s) of co-author(s), if applicable: _____

Paper **has / has not** **(select from dropdown list)* been accepted for presentation at conference.
(Please attach letter of acceptance or copies of relevant correspondence.)

Please indicate usefulness of conference to yourself, and the Academy of Medicine, Singapore.

Details of Conferences attended and supported by the Academy of Medicine, Singapore in the last two (2) financial years (1 January to 31 December):

Conference Name	Venue <i>(City / Country)</i>	Period (MM/YY)		Amount granted (SGD\$)
		From	To	
(I)				
(II)				

Financial Assistance:

i) If you have **first** applied or **are applying** for financial assistance from other sources (Employing Institution/Sponsor/Organising Committee of the Conference/Private Sponsor) outside the Academy.

<input type="checkbox"/> Yes		<input type="checkbox"/> No	
If yes, please state:		Amount (SGD\$):	
Source			
Extent of Support <i>(registration fees, air ticket, per diem allowance, etc)</i>			

ii) If you have not applied for financial assistance from your Employing Institution, please state the reasons why:

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Confirmation:

I confirm the information submitted is correct. I declare by signing that I have not and will not be receiving any other sources of financial assistance for the trip.

Name & Signature

Date

PART II (To be completed by Board of Censors)

Please indicate whether you support the application:		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Amount to be granted <i>(based on reimbursement of actual receipts up to):</i>			
<input type="checkbox"/> S\$1,000 (ASEAN countries)		<input type="checkbox"/> S\$2,000 (Non-ASEAN countries)	
Comments:			
For Official Use:			
Name and Signature		Date	