



COLLEGE OF SURGEONS, SINGAPORE

81 Kim Keat Road, #11-00 NKF Centre, Singapore 328836

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Registration Number: 200410341R



Academy of Medicine, Singapore

APPLICATION FOR COLLEGE OF SURGEONS TRAVELLING FELLOWSHIP FUND

Note: One copy of this form is to be submitted to the College President c/o The College of Surgeons Secretariat, 81 Kim Keat Road, #11-00 NKF Centre, Singapore 328836. **Please read the guidelines (attached) before submission. Incomplete applications will not be considered.**

PART 1 (To be completed by Applicant)

Details of Applicant:

Name _____

Present Appointment _____ Date admitted as FAMS _____

Mailing Address _____

Contact Telephone _____ Fax _____ Email _____

Details of Event *(Please attach brochure/official handout of event)*

Name of Event _____

Venue _____

Dates: From _____ To _____

Submission of Written Report or Paper of Research for Presentation:

Title _____

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

Please indicate usefulness of this event to yourself, and the College of Surgeons, Singapore.

Financial Assistance:

Please indicate if you have **first** applied or **are applying** for financial assistance from other sources (Sponsor/Organising Committee of the Event/Private Sponsor/Academy of Medicine) outside the College of Surgeons.

Yes No

If yes, please state

- (a) Source _____
- (b) Extent of Support _____
(registration fees, air ticket, per diem allowance, etc)
- (c) Amount _____

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.

Signature of Applicant _____
Date

PART II

(To be approved by the College President/Vice-President, Honorary Secretary & Treasurer)

Please indicate whether you support the application:

<input type="checkbox"/> Yes	<input type="checkbox"/> No	[by College President]
<input type="checkbox"/> Yes	<input type="checkbox"/> No	[by Honorary Secretary]
<input type="checkbox"/> Yes	<input type="checkbox"/> No	[by Treasurer]

Amount to be granted: **Up to a maximum of**

S\$3,000.00 (ASEAN countries) S\$5,000.00 (non-ASEAN countries)

Reimbursement is based on actual receipts.

College President/Vice-President Signature _____
Date

Honorary Secretary Signature _____
Date

Treasurer Signature _____
Date