



COLLEGE OF SURGEONS, SINGAPORE

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

Tel: (65) 65937800 Fax: (65) 65937880

Email: css@ams.edu.sg Website: www.css.edu.sg

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.

I hereby declare that I have not received travel assistance or grants supported by the College of Surgeons, Singapore in the last two (2) financial years (1 January to 31 December).
 If you have received travel assistance/ grants awarded by the Colleges in the last two (2) financial years (1 January to 31 December), or are currently in the process of applying, please provide the details:

Conference Name	Venue (City/Country)	Period (MM/YY)		Name of College Travel Award	Amount awarded/ applied (SGD\$)
		From	To		

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:

Yes No [by College President]
 Yes No [by Honorary Secretary]
 Yes 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