INSTITUTE OF APPLIED STATISTICS

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Application Form for

Late Padmashri Prof. R. H. Singh Research Travel Grant

Year - 2025-26

Under

Maharshi Charak Ayurveda R&D Scheme

SECTION 1: PERSONAL DETAILS

1. Full Name:

2. Date of Birth: (DD/MM/YYYY)

3. Gender: ☐ Male ☐ Female ☐ Other

4. Email ID:

5. Mobile Number:

6. Postal Address:

7. Attach Valid Government ID Proof (Masked Aadhaar / PAN etc.):

SECTION 2: ACADEMIC & RESEARCH PROFILE

1. Affiliated Institution:

2. Department/Specialty:

3. Current Designation:

4. Are you enrolled in a full-time academic/research program? ☐ Yes ☐ No

5. Are you currently receiving any research grant/fellowship/stipend? ☐ Yes ☐ No

6. Attach Proof of Affiliation (ID card/letter):

SECTION 3: RESEARCH PAPER SUBMISSION FOR JURY REVIEW

1. Title of Research Paper:

2. Type of Presentation: ☐ Oral ☐ Poster

3. Is this your original and independent research work? ☐ Yes ☐ No

4. Abstract of the Paper:

5. Attach Full Research Paper (PDF format).

6. Attach Acceptance Letter from the Conference Organizer.

7. Attach Evidence of Peer-Review or Email Confirmation.

SECTION 4: CONFERENCE DETAILS

1. Name of the Conference/Seminar:

2. Organizing Institution:

3. Conference Venue (City & State):

4. Dates of Conference: From ___ / ___ / _____ to ___ / ___ / _____

5. Attach Conference Brochure/Schedule:

SECTION 5: FINANCIAL DETAILS

1. Estimated Travel & Registration Expenses:

2. Have you paid the registration fees? ☐ Yes ☐ No (If yes, attach receipt)

3. Expected Reimbursement Amount: Rs.

4. Mode of Travel: ☐ Train (2nd AC) ☐ Train (3rd AC) ☐ Bus ☐ Other

5. Bank Account Details for Reimbursement (In the name of Applicant):

   - Name of Account Holder:

   - Account Number:

   - IFSC Code:

   - Bank Name & Branch:

   - UPI ID:

SECTION 6: PREVIOUS GRANTS / FINANCIAL ASSISTANCE

1. Have you received any research travel grants before? ☐ Yes ☐ No

If yes, provide details (agency, year, amount):

2. Are you receiving financial assistance for this specific conference from any agency (Govt./Private)?

☐ Yes ☐ No

If yes, provide details:

SECTION 7: DECLARATION

☐ I declare that all information provided is true to the best of my knowledge.

☐ I am not receiving any other financial support for this conference.

☐ I understand that approval by the Jury constituted by Maharshi Charak Ayurveda R&D Scheme is mandatory to receive this grant.

☐ I agree to present my bills/receipts at the Annual Conference of the Institute of Applied Statistics, Kanpur, and understand that the reimbursement will be made thereafter.

Date: ___ / ___ / 2025 **(Signature of the Applicant:)**

Please ensure that the duly filled and signed form is scanned and attached to the email along with all necessary supporting documents for reference, and sent to ***ayurveda.ias@gmail.com****, with a copy (CC) to* ***dir.dcs@gmail.com*** *and* ***rdcell@iasdcs.com****, with the subject line:* ***Application for Late Padmashri Prof. R. H. Singh Research Travel Grant 2025-26****.*