



ACADEMY OF MEDICINE, SINGAPORE

PATRON: PRESIDENT OF THE REPUBLIC OF SINGAPORE

50 years of Specialist Education and Training

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 1 (To be completed by Applicant)

Details of Applicant:

Name _____

Present Appointment _____ Date admitted as FAMS _____

Mailing Address _____

Contact Telephone _____ Fax _____ Email _____

Details of Conference *(Please attach brochure/official handout of Conference)*

Name of Conference _____

Venue _____

Dates: From _____ To _____

Details of Paper for Presentation:

Title _____

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

Paper has / has not **(delete as appropriate)* been accepted for presentation at conference.
(Please attach 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 2 financial years (1 January to 31 December):

Conference Name	Venue (City / Country)	Dates		Amount of Assistance granted
		From	To	

Financial Assistance:

Please indicate 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.

Yes No

If yes, please state

(a) Source _____

(b) Extent of Support _____
(registration fees, air ticket, per diem allowance, etc)

(c) Amount _____

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

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 completed by Board of Censors)

Please indicate whether you support the application:

Yes No

If yes, please state approval for:

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

S\$1,000 (ASEAN countries) S\$2,000 (Non-ASEAN countries)

Reimbursement is based on actual receipts.

Comments:

Name & Signature

Date