

Application Form for Travelling Fellowship Programme for Faculties

Odisha University of Health Sciences

Travelling Fellowship Programme Application Form (Faculties)

1. Personal Information

- Name: _____
- Designation: _____
- Department: _____
- Institution: _____
- Contact Number: _____
- Email Address: _____

2. Academic Qualifications

- Highest Qualification: _____
- Year of Completion: _____
- Institution/University: _____

3. Eligibility Details (Attach Supporting Documents)

- H-Index: _____
- Number of Publications (Last 3 Years in NMC-Indexed Journals): _____
- List of Publications (Attach as a separate sheet if required):

1. _____
2. _____
3. _____

4. Achievements

- Awards/Medals: _____
- Conference Presentations (National/International):
 - Type (Poster/Podium): _____
 - Conference Name & Year: _____
- Extramural Research Projects (Ongoing/Completed):
- Clinical Trials: _____
- Innovations (If Any): _____
- Other Contributions (Optional): _____

5. Declaration

I hereby declare that the information provided is true and correct to the best of my knowledge.

○ Signature: _____

○ Date: _____

6. Endorsements

○ Forwarded by:

▪ HOD: _____

▪ Dean & Principal/Director: _____

Signature with Date (Candidate)

Application Form for Travelling Fellowship Programme For PG Students

Odisha University of Health Sciences

Travelling Fellowship Programme Application Form (PG Students)

1. Personal Information

- Name: _____
- Enrolment Number: _____
- Department: _____
- Institution: _____
- Contact Number: _____
- Email Address: _____

2. Academic Details

- Course Name: _____
- Year of Study: _____
- Internal Marks (%): _____

3. Eligibility Details (Attach Supporting Documents)

- Number of Publications (Last 2 Years in NMC-Indexed Journals): _____
- List of Publications (Attach as a separate sheet if required):

1. _____
2. _____

4. Achievements

- Awards/Medals: _____
- Conference Presentations (National/State):
 - Type (Poster/Podium): _____
 - Conference Name & Year: _____
- Ongoing/Completed Research: _____
- Seminar/Journal Club Participation (Attach Attendance Proof):

5. Declaration

I hereby declare that the information provided is true and correct to the best of my knowledge.

- Signature: _____
- Date: _____

6. Endorsements

○ Forwarded by:

▪ HOD: _____

▪ Dean/Director: _____

Signature with Date (Candidate)
