Proforma for submission of proposal under the

**FULL TIME STUDENT TRAVEL GRANT SCHEME**

* The STEM-RS encourages ***REGISTERED Student members*** to travel to venues to present research papers at conferences, to participate in workshops and seminars (Organized by STEM-RS).
* The proposal should be submitted through proper channel.
* Submit the duly filled form and ***verified and signed by the competent authority* (**Preferably VC/Director/Registrar**)** of the ***Institution/University*** at [stemrst@gmail.com](mailto:stemrst@gmail.com).

|  |  |  |
| --- | --- | --- |
| **STEM-RS Membership No.\*** |  | |
| **Name of the Student\*** | In Capital Letters | |
| **Father & Mother Name** | Father | Mother |
| **Affiliation with Address\*** | Institution/University with Address | |
| **Course/Program\*** |  | |
| **Advisor Name & Designation with Mobile Phone and Mail\_ID** | Please enter the name of your Advisor(s)/Supervisor with affiliation (if applicable). | |
| **Address\*** |  | |
| **Contact details\*** | Email | Mobile Phone |
| **Permanent Id of the Institute\*** | Identity Card issued by the Institution/University | |
| **Aadhar Card Number** |  | |

**Details of the Accepted paper**

**Name of the Conference:**…………………………………………............. ………………………………………………………..

**Venue:**………………………………………………………. ………………………………………………………..

**Paper\_ID:**………………………………………………………..………………………………………………………..

**Title of the Paper:** ………………………………………………………..………………………………………………………..

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Author:** | **First Author** |  | **Corresponding Author** |  |

**Details of earlier grants issued by STEM-RS**

|  |  |  |
| --- | --- | --- |
| Head of expenditure | Application No. & Date | Amount (₹) approved/Received  STEM-RS |
| Travel/Project/Patent/Startup |  |  |

*\*Mandatory fields*

**Details of expenditure and assistance requested**

|  |  |  |  |
| --- | --- | --- | --- |
| Name of the Grant | Expenditure | Assistance from other agencies (₹) | Assistance requested from  STEM-RS (₹) |
| Travel |  |  |  |
| Registration fee |  |  |  |

By signing this certificate, I/We undertake to

|  |  |
| --- | --- |
| 🗹 | All the above information is correct. |
| 🗹 | Abide by all the rules / regulations of the STEM – Research Society. |

|  |  |
| --- | --- |
|  | Signature of Head of the Institution |
| **Date :** | Institute/University Seal |

**Membership Application Form**

For details, please refer to :<http://stemrs.in/joinrs.php>

|  |  |  |  |
| --- | --- | --- | --- |
| **Name:** |  | | |
| **Current Address:** |  | | |
|  |  | **Zip Code:** |  |
| **Email:** |  | | |
| **Phone:** |  | | |
| **LinkedIn (optional):** |  | | |
| **Please tell us a little about yourself:**   |  |  | | --- | --- | | **Who are you? A…** | Student Faculty/staff member Community partner | | **Which university/organization are you associated with?** |  | | **If a student, what is your major?** |  | | **If a student, which program are you in?** | Undergraduate  Master’s  Doctorate Post-doctorate | | | | |
| MEMBERSHIP CATEGORY (√ )  |  |  | | --- | --- | | **S.No** | **Category** | | **1** | **Life Member** | | **2** | **Member** | | **3** | **Student Member** | | **4** | **Platinum Member** | | | | |
| PAYMENT DETAILS **Amount:**  **Name of the Bank and Branch (with Branch Code):**  **IFSC Code:**  **Reference No.:**  **Dated:**  **Signature** | | | |
| **Please complete this form & return to:** [**stemrst@gmail.com**](mailto:stemrst@gmail.com) | | | |