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.

|  |  |
| --- | --- |
| **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/ReceivedSTEM-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** |