

## ISPPD Travel Grant Application– 2026-27

**Please return the completed application form with enclosures to email given below:**

*Dr. Varinder Goyal*

Secretary General

Indian Society of Pedodontics and Preventive  
Dentistry Dept. of Pediatric & Preventive Dentistry  
Guru Nanak Dev Dental College & Research  
Institute Bhatinda-Patiala Road, Sunam-148028,  
Punjab

Tel: +91-9855466666

e-mail: [grants@isppd.org.in](mailto:grants@isppd.org.in)



**Previous recipients of any ISPPD grant may reapply only after a minimum interval of three (3) years from the date of receipt of their most recent ISPPD Grant**

**Only For Life members of ISPPD**

**Last date for sending applications to the ISPPD HO – 1<sup>st</sup> July 2026**

**02 grants of Rs. 50,000/- each**

### Part I PERSONAL DETAILS

Name	Age & Gender
Affiliation	
Designation	
City & State:	Pin code
Telephone:	Mobile number:
Email address:	ISPPD Registration no.
DCI Registration No. with validity	Home Address

## Part II APPLICATION DETAILS

1. Purpose of proposed travel .....

2. Name of the supervisor .....

**3. Name of the International Conference/Seminar/Symposium/Workshop/Training Program:**

- **Organizers Details**
- **Title of Abstract accepted/ Paper**

**4. Venue:**

- From date:
- To date:

**5. Purpose of visit:** (Please tick appropriate)

- Guest Speaker:
- Keynote Speaker:
- Any other (Pl. specify Character limit 300):

**6. Particulars if financial assistance the applicant is applying for/ receiving from other National sources/ Organizers, towards travel for attending of Conference:**

- **Name of the funding agency:**
- Details of previous ISPPD grants

**7. Travel Itinerary Details**

- Mode of Travel: Road/Train/Air
- Departure Date
- Departure from
- Arrival Date
- Arrival at

**Part III Travel Information (please do not disclose the identity of the applicant, his place/department etc. in part III. if disclosed, application will be rejected)**

1. Aims of the proposed Travel & expected learning outcomes (max 350 words)

2. Detailed description of Conference/ planned activities of your visit (max 350 words)

3. Name of the supervisor & Head of the Department/ College or Organizing Chairman of the planned visit with complete address (including email address & website details)

4. Relevance to ISPPD (max 200 words)

### *Enclosures:*

1. Updated biodata/ CV with publications in the last five years (indexed journals in PubMed, Scopus, Web of Science etc., publications in predatory journals to be avoided).
2. Applicant has availed of travel assistance in the last three years.
3. Letter of support from the proposed supervisor.
4. Letter of invitation from the Head of the Department/ College or Organizing Chairman of planned visit.
5. Copy of the DCI registration & ISPPD membership.
6. Proof of ISPPD Conference/ PG Convention attendance in the last 3 years.
7. Abstract acceptance of the Conference.
8. Copy of Abstract of Paper.
9. Application has been sanctioned any travel support by any other agency.
10. Total airfare estimates from the authorized agencies including the cost of return excursion/ airfare of Economy class by the shortest route (if applicable).
11. Brochure/Announcement of the Conference.
12. Copy of Registration fee paid.

### **Terms and conditions of the travel grant:**

A letter will be issued if your application is selected for the travel grant however money will be released after receipt of your report, which must be submitted to the HO immediately but not later than two months of your travel. ***Please send your application or report ONLY through mail at secretary@isppd.org.in***

1. The applicant should be a life member of ISPPD for last 5 years & must have attended at least 3 national events of the society (national conference or PG convention)
2. ***Pl submit the application in 2 separate folders; folder 1 should have full application duly signed with all enclosures while folder 2 should have ONLY part III of the application (part III points 1-4).***
3. Application without all enclosures **will not be** considered for the grant.
4. The filled application must be countersigned by HOD (in case the member is a dental college faculty) or by senior member\* of ISPPD (in case the member is HOD or a private practitioner)  
*Countersigning senior member\* should be senior to the applicant.*

**Declaration**

I..... certify that the information provided by me is correct to the best of my knowledge. If any of the above-mentioned information is found incorrect/ false, my application can be rejected. I also agree to abide by the terms and conditions for the grant.

Place:

Signature:

Date:

Name of the applicant:

**Countersign and Seal**

Signature.....

.....

Name, designation & complete address

.....

.....

.....

..... ISPPD

number, mobile number & email id.