



MALAYSIAN SOCIETY OF PARASITOLOGY AND TROPICAL MEDICINE
PERSATUAN KAJIPARASIT DAN PERUBATAN TROPIKA MALAYSIA
Reg. No.: PPM-005-14-08071964

21-5-2, Block F, Diamond Square, Jalan 3/50, Off Jalan Gombak, 53000 Kuala Lumpur, Malaysia
Email: secretarypsptm@gmail.com

CP RAMACHANDRAN TRAVEL GRANT – APPLICATION FORM

PARTICULARS OF MEMBER

1. Name (as in identity card):	
2. NRIC/Passport No.:	3. Nationality:
4. Contact No.:	5. Email:
6. Department/Faculty/ University/Postcode:	

DETAILS OF TRAVEL

1. Travel purpose:
2. Travel destination:
3. Travel period: _____ to _____ (_____ days)
4. Background of conference:
5. Abstract of oral presentation (maximum 300 words) (Please include the background of research, objectives, methodology, results and conclusion)



6. Expected Outcome/Benefits:	
7. Expected expenditure:	
a. Registration Fees (please attach brochure)	: RM
b. Air/Land Transportation (please attach flight itinerary)	: RM
c. Meal	: RM
d. Accommodation	: RM
e. Others (please specify)	: RM
Total : RM	

Please attach the following documents together with application form:

- | | |
|--------------------------|--|
| <input type="checkbox"/> | Proof of abstract acceptance to conference |
| <input type="checkbox"/> | Brochure of the conference |
| <input type="checkbox"/> | Flight itinerary |

Applicant's signature:

Date:

NOTE:

Please send the completed form to: secretarymsptm@gmail.com