

Objectives:

Planned time of the visit: Sep - Dec (6 w/s)

Host Center Supervisor:

mentioned objectives.

Westmeal Hosp By signing below, you accept the following financial grant for the above-

On receipt of this signed letter, the sum of USD 7,500 will be transferred to the account provided in this letter.

By accepting this grant, you agree to provide a report of the fellowship within 2 Oslo. Norway months of the visit.

If any publication should follow this visit, acknowledgment of the ISPAD Allan Drash Grant should be mentioned.

I accept the conditions of this award.

Date: |5 |02 |2022

The sum of USD 7.500 should be transferred to:

Name of the bank: 10101 Bank.
Account holder: SHERYL SALIS

City: M LEM BAI
Country: INDIA
SWIFT/BIC: ICICINBBNRI

IBAN:

Signature:

Account Number: 0018-01052261

Please return the signed letter to secretariat@ispad.org.

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