

ERDT APPLICATION FOR FACULTY RESEARCH DISSEMINATION GRANT

Family Name (Surname)	First Name		Middle Name			
Department/ Institute	Rank Designation	Co	ntact			
		Home:				
Name of ERDT Advisee		Mobile:				
		E-mail:				
CONFERENCE: Paper Pos	ter	JOURNAL PUB	LICATION:			
Name of Conference:		Name of Journal:				
Title of Paper/ Poster:		Title of Paper:				
		Peer Reviewed	 1:			
Presenting Author: Yes No		Yes 🔲	No.			
Date:		163	No			
Venue:		Cost of Publica	ation:			
Amount Requested:Plea	ase Attach The Follow 1. Cover letter	ing Documents:				
2. Letter of Invitation or Acceptance Letter						
	3. Abstract of Paper4. Line Item Budget					
	5. Certification as Adviser of6. *If the application is app					
Date and Time of Arrival in the countr Date and Time of Departure in the cou	•					
	Requested	d by:				
Pate:						
Signature of Applicant						
Date:	Endorsed	by:				
		Signature nt Chairman/ins	stitute Director			