

# Congress Trust Fund Travel Grants

The Congress Trust Fund invites applications for Travel grants from members of Obstetrical & Gynaecological Society of Singapore, participating in international meetings and seminars overseas.

## The terms and conditions for travel grants are as follows:

1. Only members (ordinary/associate) of three (3) years standing of the O&G Society are eligible to apply.
2. Weightage will be given to applicants who have been active in the Society (eg. Attending regular Scientific Meetings, AGMs, or serve in Council, etc).
3. Applications who are reading papers at Congresses or who are representing the Society will be given priority.
4. a Travel Grant will only be granted to the **SAME MEMBER ONCE EVERY THREE (3) YEARS**. This condition will only be waived under special circumstances by the Council.
5. All applications for Travel Grant must be submitted for consideration well before the event. Late applicants will only be considered under special circumstance.
6. Not more than 70% of the registration/airfare will be granted for applicants who presented a paper at the meeting/seminar. Those already receipt of financial aid from other sources to meet the total cost of travel, accommodation, registration, etc. will not be considered for grants from the Society to attend the same Congress.
7. Not more than S\$1,000.00 will be granted for applicants who have not presented a paper at the meeting/seminar.
8. Applicants must submit to the Council a report of their attendance of the Congress within 4 weeks of their return.

---

---

## Application Forms are obtainable upon request from:

### **Obstetrical & Gynaecological Society of Singapore**

Unit 7K66 Level 7 Women's Tower  
KK Women's & Children's Hospital  
100 Bukit Timah Road  
Singapore 229899  
Tel: 6295 1383 Fax: 6299 1969  
Email: ogss@pacific.net.sg  
Website: www.ogss.net

---

---

OBSTETRICAL & GYNAECOLOGICAL SOCIETY OF SINGAPORE

**APPLICATION FOR TRAVEL GRANT**

**I. PERSONAL PARTICULARS**

Name of Applicant (Underline Surname) \_\_\_\_\_

Hospital/Clinic Address \_\_\_\_\_

HP No: \_\_\_\_\_

Email: \_\_\_\_\_

---

---

**II. MEMBERSHIP**

Type of membership: Lifemember/Ordinary/Associate\*

No. of years of membership: \_\_\_\_\_ years (Applicable to Ordinary & Associate member only)

From year \_\_\_\_\_ to Year \_\_\_\_\_ .

\* Please delete as appropriate

---

---

**III. DETAILS OF CONFERENCE/SEMINAR**

a) Please furnish the following:-

Title of conference/seminar: \_\_\_\_\_

Date : \_\_\_\_\_

Venue: \_\_\_\_\_

Registration Fees: \_\_\_\_\_ (Official receipt to be attached)

Airfare: \_\_\_\_\_ (Official receipt to be attached)  
(Please give a breakdown if other destinations are included)

b) Presenting a Paper? (Yes/No)

If Yes, give title of paper \_\_\_\_\_

c) Are you in receipt of financial aid from other sources for the above conference/seminar?(Yes/No)

If Yes, state details of sponsorship \_\_\_\_\_

Signature of Applicant \_\_\_\_\_

Date \_\_\_\_\_