

# ICVGIP 2004

## Application for fellowship

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Name: .....

+Title/Position: .....

E-mail: .....

Affiliation: .....

Accepted ICVGIP 2004 Paper (if any):

Number: 

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Title: .....

Are any of the coauthors (if any) attending the conference?

Support for

Full Registration:  Yes /  No      Amount: Rs. ....

Partial Registration:  Yes /  No      Amount: Rs. ....

\*Travel:  Yes /  No      Amount: Rs. ....

Local Hospitality:  Yes /  No

Other sources of support for travel and amount of support:

Briefly justify your request for the fellowship.

Please send your application to the following address:

**Convener,  
Organizing Committee ICVGIP 2004  
ECSU**

**Indian Statistical Institute**

**203 B. T. Road**

**Kolkata 700108**

**e-mail: [dipti@isical.ac.in](mailto:dipti@isical.ac.in)**

**Fax: +91 33 25783357, +91 33 25773035, +91 33 25776680.**

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+For students, the application must include a certificate from the Head of the Department.

\*Photocopy of Ticket along with the original must be produced at the time of reimbursement.