**XX annual congress of AATM & 5th Joint Meeting of AATM-AABB, 2025**

**PG Travel Fellowship – Application form**

**Closing date: 15th August 2025**

**Applications to be sent to aatm.aabb.2025@gmail.com**

**1. Applicant Address for correspondence**

|  |  |  |  |
| --- | --- | --- | --- |
| Full Name |  |  |  |
|  |  |  |  |
| Tel No. (including international code) |  |  |  |
| Email:  |  |  | Postcode: |  |

Name of University at which you are registered

|  |
| --- |
|  |

Year of initial registration on this degree

|  |
| --- |
|  |

**AATM Membership**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Are you a member of AATM? | Yes |  | No |  |

**Research Project Details**

(Working)Title of the Abstract

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|   |

Summary: Structured Abstract

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**Conférence Participation – Registration Numbers**

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 **Signature and date**

|  |  |
| --- | --- |
| Applicant’s signature  |  |
|  |  |

Note: Approval form from the head of the department is mandatory