Personal Information

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| --- | --- |
| Applicant’s Name: |  |
| Applicant’s Surname: |  |
| Position and affiliation: |  |
| Office Address: |  |
| Date of Birth: |  |
| Email: |  |
| Telephone: |  |

Supervisor

|  |  |
| --- | --- |
| Supervisor’s Name: |  |
| Supervisor’s Surname: |  |
| Position and affiliation: |  |
| Email: |  |
| Telephone: |  |

Institution / Hospital where the project will be carried on

|  |  |
| --- | --- |
| Institution´s /  Hospital´s name: |  |
| Address: |  |
| Email: |  |
| Telephone: |  |

Project Information:

|  |  |
| --- | --- |
| Title: |  |
| Project Duration: |  |
| Intended start date: |  |
| Intended end date: |  |
| Other Funding: |  |

**Applicant’s Bio**

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| --- |
| (max. 1000 characters) |
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Project Abstract (max. 2000 characters)

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| Background: |
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| Study Objective / Hypothesis: |

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| Methods / Design: |
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| Expectations/ Contribution to the field of science: |
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| Bibliography: |
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