Grant Application Form

Laboratory Animals & Biomedical Research: theory and practice
18-22 May 2015, Athens, Greece

I. PERSONAL INFORMATION:
Surname:
Name:
Institution:
Department:
Sex:
Date of birth:
E-mail address:
Present Position: MSc student PhD student Post-doc other (pls specify)

II. REQUEST FOR GRANT

Has financial assistance been sought from other sources in respect of the exchange activity?

No Yes (please define): ..............................................................

III. DECLARATION BY THE APPLICANT

I declare that the information I have given in this application is correct and complete to the best of my knowledge and belief. I agree that Hellenic Pasteur Institute may conduct a reference check by contacting my current supervisor.

Date: Applicant’s Signature:

Date: Name and signature of applicant’s supervisor:

Date: Name and signature of financial director:

Please send the completed form by e-mail to las.riip@pasteur.gr until 6th of February 2015.