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| *The association* aims to support any basic research in microbiology and immunology realized within the framework of an international cooperation by researchers working in Belgium and researchers of the Institut Pasteur and\or the International Network of Pasteur Institutes ( RIIP ) - translation of art. 3 of the statutes**RESEARCH FELLOWSHIP****IMPORTANT REMARK :**

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| **Submission of an application form always gives rise to an electronic acknowledgement of receipt** |

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| **RESEARCH FELLOWSHIP**LES AMIS DES INSTITUTS PASTEUR À BRUXELLES, asbl. Vroentestraat, 333320 HOEGAARDENTel. : 016 76 62 06.Fax : 016 76 62 06E-mail : schoofs.louis@telenet.be Form to be returned to "Les Amis des Instituts Pasteur à Bruxelles” |
|  | CONFIDENTIAL |
|  |
| **1** | Enter your personal details. |
|  | first and last name(maiden name for the married women) |       |
|  | legal home address |       |
|       |
|  | private telephone number |       |
|  | work address |       |
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|  | work phone |       |
|  | e-mail address |       |
|  | birthplace |       |
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|  | date of birth | day |  |  | month |  |  | year |  |  |  |  |  |
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|  | nationality |       | gender | [ ]  | m | [ ]  | f |
|  | civil status |       |

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| **2** | Enter the details of your bank account number.  |
| IBAN |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  | Name of the account holder  |       |
| **3** | **Enter the details of your university degrees.**Please state full and exact designation |
|  |
|  | **name of the degree** |  | **English name of the degree** |  | **Institution**  |  | **date** (dd-mm-yyyy) |
|  |       |  |       |  |       |  |       |
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| **4** | **Enter your present occupation along with the coordinates of the current institution.** |
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|  |       |
|  |       |
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|  | Details of the Research |
|  |
|  | **Details of the research units involved in the project** |
|  |
| **5** | **Institution where the work will be realized** |
|  | Address of the Institution |       |
|  | Name of the research unit |       |
|  | Telephone |       |
|  | Fax |       |
|  | E-mail |       |
|  | Supervisor/Head of Laboratory |       |
|  | Date of the stay |       |
|  |  |  |
| **6** | **Enter the name and address of the participating Belgian Institution and research unit. Also enter the first and last name of the head of that research unit.** |
|  | Participating Belgian Institution  |       |
|  | name of the research unit |       |
|  | head of the research unit |       |
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| **7** | **Enter the name and address of the participating RIIP and research unit. Also enter the first and last name of the head of that research unit.** |
|  | Participating RIIP Institution  |       |
|  | name of the research unit |       |
|  | head of the research unit |       |
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|  | **Details of the Scientific Research** |
|  |
| **8** | **Enter the title of the scientific research project***Use up to 240 characters, signs or spaces.* |
|  |       |
|  |
| **9** | **Describe the specific domain of your research in three keywords.**  |
|  |       |
| **10** | **Give a summary of the submitted project***Your presentation should not exceed 20 lines.* |
|  |       |
| **11** | **Detailed description of the project** *Your presentation should not exceed three pages.* |
| **11 bis** | **Description of the work/tasks to be carried out distinctively in each of the cooperating institutions**  |
| **12** | **Integration of the submitted research in the frame of your complete scientific work***Your presentation should not exceed one page.* |
|  |       |
| **13** | **Other subsidies or remunerations for this period** |
|  |        |
| **14** | **Date of the proposed fellowship** |
|  | **From** (dd-mm-yyyy)       **to** (dd-mm-yyyy)        |
|  |  |
| **15** |  Mandatory attachments |
|  |
|  | 1. A detailed curriculum vitae.
2. A document from the participating laboratory (as applicable, the RIIP member or the Belgian laboratory) briefly describing the nature of the existing or planned collaboration with your laboratory.
3. A recommendation of the current supervisor of the host  laboratory (cf. 5, 6 or 7) marking his/her agreement on the project.
4. The authorization of the rector or the director of the institution where the work will be carried out.
5. A statement stipulating that the candidate makes a commitment to use the Fellowship in the only purposes to finance the presented research project.
6. A declaration stipulating that this grant will be mentioned in any publication related to the project.

The completed form, as well as the documents to be annexed must be sent to Mr L. Schoofs, " Les Amis des Instituts Pasteur à Bruxelles, asbl" 33, Vroentestraat, B-3320 Hoegaarden, Belgique and e-mailed as well at the following address: schoofs.louis@telenet.be.  |
| **16** | Signature |
|  |
|  |  |
|  |
|  | date | day |  |  | month |  |  | year |  |  |  |  |  |
|  |
|  | signature |  |
|  | first and last name |       |