



A 2 FP5IBD

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For guidelines see relevant "Guide for Proposers"

**Proposal submission form
for financial support from the EC:**

**BURSARIES FOR YOUNG RESEARCHERS FROM
DEVELOPING COUNTRIES**

**Applications for Bursaries can only be submitted in connection with proposals for:
Research, Demonstration and Combined Research and Demonstration projects
And proposals for
Concerted Actions**

**EACH APPLICANT MUST RETURN COMPLETED ADMINISTRATIVE SECTION A
AND THE PROJECT DESCRIPTION SECTION B**

If possible, these forms should be prepared using the Proposal Preparation Tool (ProTool), which is available via the Commission Internet site <http://www.cordis.lu/fp5/protool> or on CD-ROM. Use of the Proposal Preparation Tool is preferred by the Commission. However applicants may also use the forms in the Guide for Proposers. Using the ProTool, forms may be submitted electronically, or printed out and returned on paper.

Information on the RTD or CA Proposal ¹

RTD/CA Proposal Full Name ²				
RTD/CA Proposal Acronym ³		RTD/CA Proposal No ⁴		
Applicant Name ⁵				
Call Identifier ⁶				
Research Programme(s) ⁷				
Thematic priorities ⁷				

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POST STAMP :

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RECEPTION DATE :

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International Co-operation Bursary Application – Form A1



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RTD/CA Proposal Acronym ³		RTD/CA Proposal No ⁴	
Applicant Name ⁵			

A1. GENERAL INFORMATION ON THE APPLICANT (TO BE COMPLETED BY THE APPLICANT)

Applicant Identification			
Title (Dr, Prof., ...)			Gender ⁸ F <input type="checkbox"/> M <input type="checkbox"/>
Current Family Name			
First Name			
Birth Family Name (if different)			
Country code ⁹ of residence ¹⁰		Date of birth (DD/MM/YYYY)	
Nationality Code ¹¹		Nationality Name ¹¹	
Bursary Application			
Short summary of the bursary application (3 lines maximum)			
Duration requested (in months)		Planned start date ¹² (DD/MM/YYYY)	
Estimated Contribution requested (in euro) ¹³		Travel costs (in euro) ¹⁴	Daily allowance (in euro) ¹⁵
Qualifications ¹⁶			
University (pre-doctoral)	Date of award (DD/MM/YYYY)		
Doctorate	Date or expected date of award (DD/MM/YYYY)		
Other post-university qualifications	Date or expected date of award (DD/MM/YYYY)		
Specify			
Languages spoken ¹⁷			
Level ¹⁸			
Research experience ¹⁹			
Number of years of full-time research			
Previous contracts			
Have you held a Community Bursary before? (Put a cross)			Y <input type="checkbox"/> N <input type="checkbox"/>
If yes, please give details of the bursary:			
Programme Name			Contract No
Contract Period	From (DD/MM/YYYY)		To (DD/MM/YYYY)
Declaration			
I the undersigned, declare that I have read and accept the rules governing International Co-operation Bursaries. I understand that if I am selected for a bursary, my project details may be published by the Commission, including on its Internet sites. I certify that the information submitted for this proposal is accurate and complete. I understand that any false declaration or incomplete information may lead to the rejection of my proposal or termination of the bursary.			
DATE OF SIGNATURE			
SIGNATURE OF APPLICANT			

International Co-operation Bursary Application – Form A2



EUROPEAN COMMISSION
RESEARCH DIRECTORATES
GENERAL
INTERNATIONAL CO-OPERATION
BURSARY APPLICATION

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RTD/CA Proposal Acronym ³		RTD/CA Proposal No ⁴	
Applicant Name ⁵			

A2. INFORMATION CONCERNING THE HOME ORGANISATION

(TO BE COMPLETED BY THE HOME ORGANISATION)

Home Organisation (legal entity)²⁰			
Registration No with the European Commission's Research Programmes ²¹			
Organisation Legal Name ²²			
Short Name ²³		Legal Registration No ²⁴	
Activity Type ²⁵		Legal Status ²⁶	
Address of the department where the applicant is working			
Department/ Institute Name			
PO Box ²⁷			
Street Name and Number			
Post Code ²⁸		Cedex ²⁹	
Town/City			
Country Code ¹¹		Country Name ¹¹	
Internet homepage			
Applicant Information			
Telephone No ³⁰		Fax No ³⁰	
E-mail			
Authorised person			
Title (Dr, Prof., ...)		Gender ⁸	F <input type="checkbox"/> M <input type="checkbox"/>
Family Name			
First Name			
Position in institution			
I declare that the above mentioned applicant is currently working at our organisation and that the organisation supports his/her application for a bursary. Should the application be successful, I confirm that the applicant will be allowed to participate in the training activity and that he/she will return to work in this institution at the end of the training period. I certify that the information in this application about my institution is accurate and complete.			
STAMP OF HOME INSTITUTION			
DATE OF SIGNATURE			
SIGNATURE OF AUTHORISED PERSON ³¹			

International Co-operation Bursary Application – Form A3



D 2 FP5IBD	<input type="text"/>	<input type="text"/>
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RTD/CA Proposal Acronym ³		RTD/CA Proposal No ⁴	
Applicant Name ⁵			

A3. INFORMATION CONCERNING THE HOST ORGANISATION
(TO BE COMPLETED BY THE HOST ORGANISATION)

Host Institution (legal entity) ³²

Participant Role ³³		Participant No ³⁴		Linked to Contractor No ³⁵	
Organisation Legal Name ²²					
Short Name ²³					
Department/ Institute Name					
Working language(s) of the organisation ¹⁷					

Authorised person

Title (Dr, Prof., ...)		Gender ⁸	<input type="checkbox"/> F	<input type="checkbox"/> M
Family Name				
First Name				
Position in institution				
Telephone No ³⁰		Fax No ³⁰		
E-mail				

I declare our organisation agree to host the above mentioned applicant for an International Co-operation Bursary in connection with the above mentioned project proposal. Should the application be successful, I confirm that the applicant will be allowed to participate in the training activity described in the application at our institution.

STAMP OF HOST INSTITUTION	
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DATE OF SIGNATURE	
SIGNATURE OF AUTHORISED PERSON ³¹	

International Co-operation Bursary Application – Form A4



E 2 FP5IBD	<input type="checkbox"/>	<input type="checkbox"/>	<input style="width: 100%; height: 100%;" type="text"/>
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RTD/CA Proposal Acronym ³	<input style="width: 100%;" type="text"/>	RTD/CA Proposal No ⁴	<input style="width: 100%;" type="text"/>
Applicant Name ⁵	<input style="width: 100%;" type="text"/>		

A4. DECLARATION FROM PROPOSAL CO-ORDINATOR

Co-ordinating organisation ³⁶			
Organisation Legal Name ²²	<input style="width: 100%;" type="text"/>		
Short Name ²³	<input style="width: 45%;" type="text"/>	<input style="width: 25%;" type="text"/>	<input style="width: 25%;" type="text"/>
Department/ Institute Name	<input style="width: 100%;" type="text"/>		
Name of proposal co-ordinator	<input style="width: 100%;" type="text"/>		
I declare that the above mentioned application for an International Co-operation Bursary is in the interest of the above mentioned project, and has been agreed by the consortium.			
Stamp of institution	<input style="width: 100%; height: 100%;" type="text"/>		
DATE OF SIGNATURE	<input style="width: 45%;" type="text"/>	<input style="width: 100%; height: 100%;" type="text"/>	
SIGNATURE OF PERSON AUTHORISED TO SUBMIT A PROPOSAL IN THE CO-ORDINATING ORGANISATION			



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B. DETAILED PROPOSAL DESCRIPTION OF APPLICATIONS FOR BURSARIES

The detailed proposal information described below must be provided in addition to the proposal form. All pages must be numbered in a single series and clearly marked with the name of the applicant and the proposal acronym.

1. DESCRIPTION OF THE BURSARY

To be written by the applicant, including the following points (maximum 2 pages):

1. The scientific or training objectives of the bursary
2. Expected benefit for the applicant and his/her home organisation
3. Relevance of bursary to the project as a whole

2. CURRICULUM VITAE OF THE APPLICANT

To be written by the applicant. Provide detailed information including exact dates and places (maximum 2 pages):

1. University studies and diplomas obtained (mention the level: Honours, Cum Laude, etc.)
2. Dissertations / theses (subjects and names of supervisors)
3. Professional / research experience (indicate relevant scientific techniques and skills, and experience of European collaborative research projects)
4. List of publications and patents and other outcomes of research work (do not send any reports or copies except abstracts of most relevant publications; please indicate when first author)
5. Distinctions, prizes etc.

3. ATTACHMENT

1. Copy of passport or identity card