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For guidelines see relevant "Guide for Proposers"

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

**MARIE CURIE INDIVIDUAL FELLOWSHIP**

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

**A. GENERAL ADMINISTRATIVE INFORMATION (PAGES A1-A7)**

**B. PROJECT DESCRIPTION**

**1. CATEGORY 30 (PAGES B1-B4)**

**2. CATEGORY R (PAGES B5-B6)**

**3. CATEGORY 40 (PAGES B7-B8)**

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/protocol>. 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 Proposal**

Proposal Full Name <sup>1</sup>		
Applicant Name <sup>2</sup>		
Call Identifier <sup>3</sup>		
Research Programme <sup>4</sup>		

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POST STAMP :

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RECEPTION DATE :

		/			/				
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**Marie Curie Individual Fellowship Proposal Form – Form A1**



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FOR COMMISSION USE ONLY	<input type="text"/>	<input type="text"/>

<b>Applicant Name <sup>2</sup></b>	<input type="text"/>
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**1. GENERAL PROPOSAL INFORMATION (TO BE COMPLETED BY THE APPLICANT)**

<b>Category of Fellowship <sup>5</sup>(30 / R / 40)</b>	<input type="text"/>
<b>Research Programme <sup>4</sup></b>	<input type="text"/>

**Applicant**

<b>Title (Dr, Prof., ...)</b>	<input type="text"/>	<b>Gender <sup>6</sup></b>	<input type="checkbox"/>	<b>F</b>	<input type="checkbox"/>	<b>M</b>	<input type="checkbox"/>
<b>Current Family Name</b>	<input type="text"/>						
<b>First Name</b>	<input type="text"/>						
<b>Birth Family Name (if different)</b>	<input type="text"/>						

**Institution**

<b>Name of host institution</b>	<input type="text"/>
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**Proposal**

<b>Proposal Full Name <sup>1</sup></b>	<input type="text"/>							
<b>Short summary of proposal (3 lines/ maximum 300 characters)</b>	<input type="text"/>							
<b>Evaluation panel code <sup>7</sup> only for proposals to the Human Potential Programme)</b>	<input type="text"/>							
<b>Sub-disciplines/areas <sup>8</sup> (in order of priority, max. 4)</b>	1	<input type="text"/>	2	<input type="text"/>	3	<input type="text"/>	4	<input type="text"/>
<b>Free keywords describing this research (max. 4)</b>	1	<input type="text"/>			2	<input type="text"/>		
	3	<input type="text"/>			4	<input type="text"/>		
<b>Duration requested (in months)</b>	<input type="text"/>			<b>Planned start date <sup>9</sup> (DD/MM/YYYY)</b>	<input type="text"/>			

## Marie Curie Individual Fellowship Proposal Form – Form A2



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RESEARCH DIRECTORATES  
GENERAL  
MARIE CURIE INDIVIDUAL  
FELLOWSHIP PROPOSAL

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Applicant Name <sup>2</sup>

## 2. INFORMATION CONCERNING THE APPLICANT (TO BE COMPLETED BY THE APPLICANT)

### Applicant Identification

Title (Dr, Prof., ...)			Gender <sup>6</sup>	F	M
Current Family Name					
First Name					
Birth Family Name (if different)					
1st nationality code <sup>10</sup>			2 <sup>nd</sup> nationality code <sup>10</sup>		
Country code <sup>10</sup> of residence <sup>11</sup>			Date of birth (DD/MM/YYYY)		
Town/City of birth					
Country Code <sup>10</sup>			Country Name <sup>10</sup>		

### Address

PO Box <sup>12</sup>					
Street Name and Number					
Post Code <sup>13</sup>			Cedex <sup>14</sup>		
Town/City					
Country Code <sup>10</sup>			Country Name <sup>10</sup>		
Telephone No <sup>15</sup>			Fax No <sup>15</sup>		
E-mail					
Internet homepage					

### Qualifications <sup>16</sup>

University (pre-doctoral)	Date of award (DD/MM/YYYY)			
Doctorate (in progress)	Expected date of award (DD/MM/YYYY)			
Doctorate	Date of award (DD/MM/YYYY)			
Other post-university qualifications	Date or expected date of award (DD/MM/YYYY)			
Specify				

### Research experience <sup>16</sup>

Number of years of full-time research	Post-graduate level (excluding PhD and post-doctoral level)		PhD studies	
	Post-doctoral level		Total under paid work contract(s)	

### Institution where applicant acquired last diploma/qualification

Organisation Legal Name <sup>17</sup>					
Town/City					
Country Code <sup>10</sup>			Country Name <sup>10</sup>		

### Institution where applicant has most recently been doing research <sup>18</sup>

Organisation Legal Name <sup>17</sup>					
Town/City - Region					
Country Code <sup>10</sup>			Country Name <sup>10</sup>		

## Marie Curie Individual Fellowship Proposal Form – Form A3



EUROPEAN COMMISSION  
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GENERAL  
MARIE CURIE INDIVIDUAL  
FELLOWSHIP PROPOSAL

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Applicant Name <sup>2</sup>

## 2. INFORMATION CONCERNING THE APPLICANT CONTINUED (TO BE COMPLETED BY THE APPLICANT)

### Previous proposals

Have you submitted a proposal for a Community Fellowship before? (Put a cross)

Y

N

If yes, please give details of the most recent ones: name of programme, date of submission and proposal number

Programme name

Date

Proposal No

Programme name

Date

Proposal No

Indicate the main differences between the present and previous proposals

### Previous contracts

Have you held a Community Fellowship before? (Put a cross)

Y

N

If yes, please give details of the contract : name of programme, contract number, type of fellowship and the contract period (DD/MM/YYYY)

Programme name

Contract No

Type of fellowship <sup>19</sup>

Contract period :

From

To

### Additional income <sup>20</sup>

During the fellowship will you continue to receive any additional income? (Put a cross)

Y

N

If yes, page A7 "Financial Declaration" is required

### Place of normal activity

Specify your place(s) of normal activity during the previous three years <sup>21</sup>

Region

Country code <sup>10</sup>

Date

From (DD/MM/YYYY)

To (DD/MM/YYYY)

This section must always be completed

### Links with less-favoured regions (LFR)

FOR CATEGORY 'R' ONLY

Were you born in an LFR <sup>22</sup>

Y

N

If Yes, give name of LFR <sup>22</sup>

If no, give proof of links with an LFR

(at least 4 years of residence during last 10 years)

Region

Country code <sup>10</sup>

Date

From (DD/MM/YYYY)

To (DD/MM/YYYY)

### Declaration

I the undersigned, declare that I have read and accept the rules governing Marie Curie Individual Fellowships. I understand that if I am selected for a fellowship, my project details may be published by the Commission, including on its Internet sites. I agree that my contact details may be forwarded to the Marie Curie Fellowship Association. I certify that the information submitted for this proposal is accurate and complete and that I hold all original signature required. I understand that any false declaration or incomplete information may lead to the rejection of my proposal or termination of a contract.

DATE OF SIGNATURE

SIGNATURE OF APPLICANT

**Marie Curie Individual Fellowship Proposal Form – Form A4**



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FELLOWSHIP PROPOSAL**

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Applicant Name <sup>2</sup>	
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**3. INFORMATION CONCERNING THE HOST INSTITUTION (TO BE COMPLETED BY THE HOST INSTITUTION)**

**Host Institution (legal entity)**

Registration No with the European Commission's Research Programmes <sup>23</sup>	
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Organisation Legal Name <sup>17</sup>	
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Short Name <sup>24</sup>		Legal Registration No <sup>25</sup>	
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Activity Type <sup>26</sup>		Legal Status <sup>27</sup>		If 'PRC', Specify <sup>28</sup>	
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Business Area <sup>29</sup> (NACE)	
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**For Companies only : Organisation details**

Annual turnover <sup>30</sup>		Annual Balance Sheet Total <sup>31</sup>		Number of employees <sup>32</sup>	
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Is Your Organisation independent <sup>33</sup> ?		Y		N	
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If No, please indicate name(s) of owner(s) who own 25 % or more <sup>34</sup>	

**Registered Address of the legal entity**

PO Box <sup>12</sup>	
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Street Name and Number	
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Post Code <sup>13</sup>		Cedex <sup>14</sup>	
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Town/City	
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Country Code <sup>10</sup>		Country Name <sup>10</sup>	
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Internet homepage	
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**Address of the main department carrying out the work**

Department/ Institute Name	
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PO Box <sup>12</sup>	
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Street Name and Number	
------------------------	--

Post Code <sup>13</sup>		Cedex <sup>14</sup>	
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Town/City	
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Country Code <sup>10</sup>		Country Name <sup>10</sup>	
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Less-Favoured Region <sup>22</sup>	Y		N		If Yes, give name of Less-Favoured Region <sup>22</sup>
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Internet homepage	
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**Marie Curie Individual Fellowship Proposal Form – Form A5**



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FOR COMMISSION USE ONLY	<input type="checkbox"/>	<input type="checkbox"/>

<b>Applicant Name <sup>2</sup></b>	
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**3. INFORMATION CONCERNING THE HOST INSTITUTION (TO BE COMPLETED BY THE HOST INSTITUTION)**

**Administrative officer authorised to sign the contract**

<b>Title (Dr, Prof., ...)</b>		<b>Gender <sup>6</sup></b>	<b>F</b>	<input type="checkbox"/>	<b>M</b>	<input type="checkbox"/>
<b>Family Name</b>						
<b>First Name</b>						
<b>Position in institution</b>						
<b>Telephone No <sup>15</sup></b>		<b>Fax No <sup>15</sup></b>				
<b>E-mail</b>						

I declare that I have read and accept the rules governing Marie Curie Fellowships. I certify that the information in this proposal about my institution is accurate and complete and that my institution has agreed to host the above mentioned applicant.

<b>STAMP OF HOST INSTITUTION</b>						
<b>DATE OF SIGNATURE</b>						
<b>SIGNATURE OF ADMINISTRATIVE OFFICER<sup>35</sup></b>						

**Scientist in charge of the project**

<b>Title (Dr, Prof., ...)</b>		<b>Gender <sup>6</sup></b>	<b>F</b>	<input type="checkbox"/>	<b>M</b>	<input type="checkbox"/>
<b>Family Name</b>						
<b>First Name</b>						
<b>Telephone No <sup>15</sup></b>		<b>Fax No <sup>15</sup></b>				
<b>E-mail</b>						

I declare that I have read and accept the rules governing Marie Curie Fellowships. I agree to act as scientist in charge of the project to be undertaken by the above mentioned applicant during his/her stay in my laboratory/institution. If this proposal is selected, I agree that the Commission may publish, including on its Internet sites, the details of this project and the contact address of the scientist in charge at the host institution.

<b>DATE OF SIGNATURE</b>						
<b>SIGNATURE OF SCIENTIST IN CHARGE OF THE PROJECT<sup>35</sup></b>						

**Marie Curie Individual Fellowship Proposal Form – Form A6**



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FOR COMMISSION USE ONLY	<input type="text"/>	<input type="text"/>

<b>Applicant Name <sup>2</sup></b>	<input type="text"/>
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**4. SPECIFIC INFORMATION FOR CATEGORY 40 (TO BE COMPLETED BY THE HOST INSTITUTION)**

**Type of scheme (put a cross, select only one)**

Experienced Researcher Industry/Academia Transfer Scheme	Experienced Researcher Less-Favoured Region (LFR) Development Scheme
From Industry to Academia	To LFR to transfer knowledge/technology
From Academia to Industry	From LFR to seek knowledge/technology and return to LFR

**Salary/ subsistence allowance**

<b>Is the Experienced Researcher holding a salary from his/her home institution or a retirement pension during the fellowship?</b>	Y	N
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If No, a statement from the researcher's present employer must be provided certifying that she/he is on unpaid leave during the fellowship.

**Payment scheme (put a cross, select only one)**

<b>Fixed amount scheme</b> (SALARY/ SUBSISTENCE ALLOWANCE FOR THE STAY IN THE HOST INSTITUTION WILL BE CALCULATED BASED ON THE APPLICANT'S EMPLOYMENT STATUS DURING THE FELLOWSHIP AND/OR HIS/HER RESEARCH EXPERIENCE, AS SET OUT IN THE GUIDE FOR PROPOSERS.)	<input type="text"/>
<b>Individual amount scheme</b> (ONLY IN EXCEPTIONAL CASES SALARY/SUBSISTENCE ALLOWANCE SHOULD BE PROPOSED BY THE APPLICANT. THE REQUESTED AMOUNT HAS TO BE JUSTIFIED. PLEASE CONSULT THE TABLE FOR THE CALCULATION OF THE SALARY GIVEN IN THE GUIDE FOR PROPOSERS.)	<input type="text"/>

**If the applicant chooses the Individual amount scheme, page A7 of the proposal form must be filled in.**

**EC funding requested (in EURO) (use an additional page , if necessary)**

<b>Return travel costs</b> (TO BE FILLED IN ONLY, IF NOT COVERED BY THE TABLE FOR TRAVEL EXPENSES IN THE GUIDE FOR PROPOSERS)	<input type="text"/>
<b>Salary costs</b> (ONLY FOR THE "INDIVIDUAL AMOUNT SCHEME")	<input type="text"/>
<b>Detailed breakdown of salary (monthly figures)</b>	
- Gross salary, incl. employer's social contributions	<input type="text"/>
- Social security deductions: 1) Health Insurance	<input type="text"/>
2) Pension	<input type="text"/>
3) Unemployment	<input type="text"/>
- Taxes	<input type="text"/>
- Other deductions	<input type="text"/>
- Net income	<input type="text"/>
<b>Justification of salary costs</b>	<input type="text"/>

**Administrative officer authorised to sign the contract**

<b>DATE OF SIGNATURE</b>	<input type="text"/>
<b>SIGNATURE OF ADMINISTRATIVE OFFICER AUTHORISED TO SIGN THE CONTRACT<sup>35</sup></b>	<input type="text"/>



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### 5. FINANCIAL DECLARATION FOR CATEGORIES 30 AND 40

(ONLY APPLICABLE WHERE APPLICANT WILL RECEIVE ADDITIONAL INCOME (see page A3) ,  
THIS PAGE WITH ORIGINAL SIGNATORY MUST ALWAYS BE SENT DIRECTLY TO THE COMMISSION.)

Any income connected with the applicant's professional status that he/she will continue to receive without engaging de facto in any activity related to this status must be declared. Important: if the applicant is selected, the amount detailed below will be used to adjust the fellowship. Therefore, great care should be taken in the accuracy of this information, as afterwards it will not be possible for changes to be made.

<b>Type of income</b> (Specify type of contract, e.g. employment contract with leave of absence. Explain nature of any liabilities associated with payment)			
<b>Monthly gross amount in euro</b>		<b>Number of payments per year</b>	
<b>Detailed breakdown</b> (Social security contribution, taxes, net income etc. in euro)			
<b>Period of payment</b>	<b>From (DD/MM/YYYY)</b>		<b>To (DD/MM/YYYY)</b>
<b>Authorised signatory</b>			
<b>Title (Dr, Prof., ...)</b>		<b>Gender <sup>6</sup></b>	<b>F</b> <input type="checkbox"/> <b>M</b> <input type="checkbox"/>
<b>Family Name</b>			
<b>First Name</b>			
<b>Name of institution</b>			
<b>Position in institution</b>			
<b>Address</b>			
<b>PO Box <sup>12</sup></b>			
<b>Street Name and Number</b>			
<b>Post Code <sup>13</sup></b>		<b>Cedex <sup>14</sup></b>	
<b>Town/City</b>			
<b>Country Code <sup>10</sup></b>		<b>Country Name <sup>10</sup></b>	
<b>Telephone No <sup>15</sup></b>		<b>Fax No <sup>15</sup></b>	
<b>E-mail</b>			
I declare that I have read and accept the rules governing Marie Curie Fellowships. I certify that my institution will continue to pay the income specified to the above mentioned applicant.			
<b>Stamp of institution</b>			
<b>DATE OF SIGNATURE</b>			
<b>SIGNATURE OF ADMINISTRATIVE OFFICER OF INSTITUTION PAYING ADDITIONAL INCOME<sup>35</sup></b>			





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Applicant Name <sup>2</sup>

## 1. PROPOSAL ABSTRACT FOR CATEGORY 30 (TO BE COMPLETED BY THE APPLICANT)

Proposal Full Name <sup>1</sup>

### Summary of proposal

Give below a brief summary of the research objectives and content of the project. Also describe briefly the training content of the proposal. Use plain typed text, preferably in English, avoiding formulae and other special characters.

### Research objectives and content (maximum 1500 characters)

### Training content and expected impact for applicant and host (maximum 1000 characters)

## Marie Curie Individual Fellowship Proposal Form – Form B2



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Applicant Name <sup>2</sup>**2. SCIENTIFIC ASSESSMENT OF THE APPLICANT (only for category 30)**

(TO BE COMPLETED BY AN INDEPENDENT REFEREE PREFERABLY NOT LINKED TO THE HOST INSTITUTION)

Proposal Full Name <sup>1</sup>						
Name of host institution						
<b>Details concerning the referee</b>						
Relationship between referee and applicant						
Title (Dr, Prof., ...)				Gender <sup>6</sup>	F	M
Family Name						
First Name						
Name of institution						
Position in institution						
PO Box <sup>12</sup>						
Street Name and Number						
Post Code <sup>13</sup>			Cedex <sup>14</sup>			
Town/City						
Country Code <sup>10</sup>			Country Name <sup>10</sup>			
Telephone No <sup>15</sup>				Fax No <sup>15</sup>		
E-mail						
<b>Signature</b>						
DATE OF SIGNATURE						
SIGNATURE OF REFEREE						

For paper submission pages B2 and B3 must be returned to the applicant, together with 3 copies, in a sealed envelope. This envelope will then be included by the applicant in his/her proposal.

For electronic submission the referee will submit these pages in-line with the instructions available at <http://www.cordis.lu/improving>.



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Applicant Name <sup>2</sup>

## 2. SCIENTIFIC ASSESSMENT OF THE APPLICANT (only for category 30)

(TO BE COMPLETED BY AN INDEPENDENT REFEREE)

Proposal Full Name <sup>1</sup>Name of host  
institutionAssessment **CONFIDENTIAL**

Describe in detail the quality of the applicant, regarding his/her research experience, aptitude and potential for high scientific achievement. Also describe the benefit of the training that he/she will receive in the host institution. Specify how well you know the candidate. If possible, please indicate the applicant's place in class and marks/quality, ranked as a percentile with the other students/fellows in the year. Use an extra page, if necessary.

Signature

DATE OF SIGNATURE

SIGNATURE OF REFEREE



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### 3. DETAILED PROPOSAL INFORMATION FOR CATEGORY 30

The detailed proposal information described below must be provided in addition to the proposal form. All pages must be numbered in a single series.

#### 1. DESCRIPTION OF THE RESEARCH PROJECT

*To be written by the applicant, including the following points (maximum 3 pages):*

1. Current state-of-the-art in the research field
2. Detailed description of the research project, including innovative aspects, scientific quality and relevance
3. Work plan, methodology, time scales and justification of duration requested
4. Expected impact and benefit of the requested training to the applicant
5. Expected results of the project
6. Reasons for the choice of the host institution (highlight compatibility with research training needs)

#### 2. DESCRIPTION OF THE HOST INSTITUTION

*To be written by the scientist in charge of the project at the host institution (preferably not more than 2 pages). Give a summary of the characteristics of the host institution, highlighting relevance to the research project and benefit of the host environment to the fellow:*

1. Presentation of the host institution/ host research group
2. Current activities of the group, highlighting research quality and expertise in the project field.
3. List of most relevant recent publications and patents by members of the group in the project field.
4. Arrangements to host the applicant (ability to provide specified training, resources to be made available, specialised equipment, etc.)
5. Interest for the group to host the applicant
6. Distinctions, prizes etc.

#### 3. CURRICULUM VITAE OF THE APPLICANT

*To be written by the applicant. Provide detailed information, exact dates and places (maximum 3 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
4. Relevant scientific techniques and skills acquired
5. 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)

#### 4. ATTACHMENTS

1. Copy of the last diploma obtained
2. Copy of passport or identity card
3. Proof of residing in the Community (15 Member States) at least the last 5 years (only for non-nationals of a Member State or Associated State)

Please remember to enclose, in a sealed envelope, a confidential assessment of the applicant (pages B2 and B3)

Marie Curie Individual Fellowship Proposal Form – Form B5



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GENERAL  
MARIE CURIE INDIVIDUAL  
FELLOWSHIP PROPOSAL

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Applicant Name <sup>2</sup>

**1. PROPOSAL ABSTRACT FOR CATEGORY R (TO BE COMPLETED BY THE APPLICANT)**

Proposal Full Name <sup>1</sup>

**Summary of proposal**

Give below a brief summary of the research project, highlighting objectives and content. Also give an overview of the benefit and impact of this fellowship on the host. Use plain typed text, preferably in English, avoiding formulae and other special characters.

**Research objectives and content (maximum 1500 characters)**

**Impact and benefit to host (maximum 1000 characters)**



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## 2. DETAILED PROPOSAL INFORMATION FOR CATEGORY R

The detailed proposal information described below must be provided in addition to the proposal form. All pages must be numbered in a single series.

### 1. DESCRIPTION OF THE RESEARCH PROJECT

*To be written by the applicant including the following points (maximum 3 pages):*

1. Current state-of-the-art in the research field
2. Detailed description of the research project, including innovative aspects
3. Work plan, methodology and time scales
4. Expected impact and benefit for the host institution
5. Expected results of the project

### 2. DESCRIPTION OF THE HOST INSTITUTION

*To be written by the scientist in charge of the project at the host institution (preferably not more than 2 pages). Give a summary of the following characteristics of the host institution, relevant to the research project:*

1. Presentation of the host institution/ host research group
2. Current activities of the group, highlighting research quality and expertise in the project field
3. List of most relevant recent publications and patents by members of the group in the project field
4. Arrangements to host the applicant (resources to be made available, specialised equipment, etc.)

### 3. CURRICULUM VITAE OF THE APPLICANT

*To be written by the applicant. Provide detailed information, exact dates and places (maximum 3 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
4. Results of initial fellowship and relevant scientific techniques and skills acquired
5. 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)

### 4. CONFIDENTIAL ASSESSMENT OF THE RESEARCH WORK CARRIED OUT DURING THE INITIAL FELLOWSHIP

*To be written by the scientist in charge of the initial Marie Curie Research Training Grant or Fellowship (maximum 1 page)*

Enclose, in a sealed envelope, a confidential assessment of the research work carried out during the initial doctoral Marie Curie Research Training Grant or Fellowship with a description of the quality of the applicant in particular regarding his/her results and research experienced gained.

### 5. ATTACHMENTS

1. Copy of passport or identity card
2. For applicants not born in a less-favoured region, copy of residence permit(s) covering at least 4 years within the last 10 years in a qualifying less favoured region
3. Photocopy of the intermediate (or final, if available) scientific report of the initial Marie Curie Research Training Grant or Fellowship



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Applicant Name <sup>2</sup>

## 1. PROPOSAL ABSTRACT FOR CATEGORY 40 (TO BE COMPLETED BY THE APPLICANT)

Proposal Full Name <sup>1</sup>

### Summary of proposal

Give below a brief summary of the proposal describing the knowledge and technology to be transferred and the objective of his transfer. Also, briefly describe the expected benefit and impact of the proposed transfer. Use plain typed text, preferably in English, avoiding formulae and other special characters.

### Description of knowledge and technology to be transferred (maximum 1500 characters)

### Objectives and expected benefit and impact of transfer (maximum 1000 characters)



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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## 2. DETAILED PROPOSAL INFORMATION FOR CATEGORY 40

The detailed proposal information described below must be provided in addition to the proposal form. All pages must be numbered in a single series. Remember that there are different objectives for the two types of Category 40 Fellowship: the Experienced Researcher Industry/Academia Exchange Scheme, and the Experienced Researcher LFR Development Scheme. The appropriate objectives must be addressed.

### 1. DESCRIPTION OF THE RESEARCH PROJECT

*To be written by the applicant, including the following points (maximum 3 pages):*

1. Current state-of-the-art in the research field
2. Detailed description of the knowledge and technology to be exchanged or transferred (highlight scientific quality, and innovative aspects)
3. Work plan, including planned seminars/workshops etc., time scales and methodology
4. **For Experienced Researchers Industry/Academia Exchange Scheme:** potential benefit and impact of knowledge and technology exchange for both host and home research groups  
**For Experienced Researcher LFR Development Scheme:** potential benefit and impact of transfer of knowledge and technology to institution in LFR
5. Reasons for choice of host research group

### 2. DESCRIPTION OF THE HOST INSTITUTION

*To be written by the scientist in charge of the project at the host institution (preferably not more than 3 pages).*

*Give a summary of the following characteristics of the host institution, relevant to the research project:*

1. Presentation of the host institution/ host research group
2. Current activities of host research group, highlighting research quality, expertise in project field and involvement in other Community funded research projects
3. List of most relevant recent publications and patents by members of the research group.
4. Ability to host proposed research project (arrangements, resources/specialised equipment available)
5. **For Experienced Researcher Industry/Academia Exchange Scheme:** describe interest for group to host the applicant (highlight benefit and expected impact for group)  
**For Experienced Researcher LFR Development Scheme:** describe interest for institution in LFR (highlight benefit and expected impact for group where relevant)

### 3. DESCRIPTION OF THE HOME INSTITUTION

*To be written by the applicant (preferably not more than 2 pages):*

1. Presentation of the home institution and the home research group of the applicant
2. Current activities of the home research group highlighting expertise in project field
3. List of publications and patents of home research group relevant to the project

### 4. CURRICULUM VITAE OF THE APPLICANT

*To be written by the applicant. Provide detailed information including exact dates and places (maximum 4 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.

### 5. ATTACHMENTS

1. Legal certification by the director of the home institution declaring at least 5 years of continuous employment at the time of the relevant deadline
2. Copy of passport or identity card
3. Proof of residing in the Community (15 Member States) at least the last 5 years (only for non-nationals of a Member State or Associated State)