



GEIVEX iVeronet FELLOWSHIPS APPLICATION FORM

1. APPLICANT

Name and Surname N.I.F.

Institution Address

Phone e-mail

2. Data of the Stay

Dates

Head of the Laboratory

Institution Address

City Country

Applicant signature

Head of the recipient laboratory signature

At....., on theof 20..

At....., on theof 20..



Grupo Español de Innovación e Investigación en

Vesículas Extracelulares

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MOTIVATION LETTER (1 page)



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PROJECT DESCRIPTION (max 1 page). Include background, general aim of the project, specific aims for the mobility grant and expected results



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EXPERIMENTAL WORKPLAN (max 1 page) Include a chronogram with detailed plan



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ESTIMATED BUDGET (fellowships do not cover bench fees or reagents). Maximum amount granted is detailed in the call.



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ACCEPTANCE LETTER FROM THE HOST LAB