APPLICATION FOR INDIVIDUAL GRANT (IGF)

(note: This is not to be used to request actual payments)

To be completed in English using a typewriter or by hand in block capitals by each NIS scientist applying for an Individual Grant. Please return these forms to INTAS, via the Co-ordinator, by mail as soon as the identity of grantees is known. Additional applications may be forwarded to INTAS at any time during the project duration when new scientists join the research team.

INTAS Ref. No:				
Project Title :				
Organisation and unit where the v	work is carried out :			
Identification of the Grantee	<u>.</u> .			
	_			
Name:	Patronic Name:	Surna	Surname :	
Title and Position in the organ	nisation:			
Category of staff:				
ñ Senior Researcher Professor, Doctor or equivalent staff	ñ Researcher Cand. of sciences or aspirant	ñ Engineer University or Higher Education degree	ñ Technician Technical and specialised	
Maximum monthly grant: 250 EURO	200 Euro	150 Euro	120 Euro	
Function in the project:				
Date of birth:		Passport No:		
Private address:		D 0 D		
Street and No :	P.O.Box:			
Postal Code and Town:	Country:			
Individual Grant application	<u>ı</u> :			
the Project, subject to the conditions se and agree that the Individual Grant will tasks set out in the Project at the workg grants resulting from my concurrent invi- staff. I agree that any attempt to receive taking legal action against me, whereby tasks to be undertaken by me are no lo might halt the payment of the Individual	et out in the Co-operation Agree I only be awarded for the durat place indicated in this application olvement in multiple INTAS proget Individual Grants in excess of y INTAS will have the choice of conger required due to changes in al Grant at any time. Information	personally in my scientific work for the dement and the General Conditions thereto cion of my involvement in the Project and on form. I am aware that the monthly to ojects cannot exceed the maximum allows of the relevant maximum amounts to fraud of law and jurisdiction. If, in the course in the Project or if the tasks are not perform of such a termination of the Individual of the original of the more than 1 month no Individual of	o. I accept these conditions d on condition I perform the tal of any INTAS Individual able grant for my category of d and might result in INTAS of the Project, the scientific formed satisfactorily, INTAS Grant will be forwarded by	
I apply for a monthly individual grant of		(amount) Euro for a duration of	(number) months.	
My total Individual Grant shal	l amount to (a	amount) Euro.		
Signature of the Grantee :		Date :		
Confirmed by the NIS team lea	nder:			
Hereby INTAS approves the In	ndividual Grant, subject	to the conditions above:		
Stamp · Signatura ·			Doto ·	

Please note, that payments under the individual grant scheme will usually be made per year of involvement in the project.

INTAS pays the respective amounts, upon the approval of this application and the respective payment request by the co-ordinator directly to each of the grantees