



## **APPLICATION FORM**

## Research Fellowship Program for Women in Science

**National Center of Competence in Research for Bio-Inspired Materials** 

Call*		
Registration ID*		
Will be completed by NCCR Office		
I. SELECTED NCCR HOST GROUP		
Host Group		
2. PERSONAL INFORMATION		
Surname		
First name		
Nationality		
Private Address		
E-mail		
3. ACADEMIC QUALIFICATIONS		
Doctoral degree		
University		
Date of degree		
4. CURRENT POSITION		
Position		
Employer		
Start date		

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## 5. REFERENCES

## Reference 1

Title	
Name	
Institution	
E-mail	
Relation to applicant	
Reference 2	
Title	
Name	
Institution	
E-mail	
Relation to applicant	
	cluding statement of career goals (max. 2 pages) ding list of publications (max. 4 pages)
☐ Certificate of docto	
☐ Project proposal (n	nax. 5 pages)
Submitted:	
Place, date	Signature Applicant

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