

MSCA Seal of Excellence @UNIPD

Supporting Marie Skłodowska-Curie Individual Fellowships
H2020-MSCA-IF-2018 Call for proposals



APPLICANT'S PERSONAL INFORMATION

First name	<input type="text"/>
Family name	<input type="text"/>
Permanent address	<input type="text"/>
City	<input type="text"/>
State	<input type="text"/>
E-mail address	<input type="text"/>
Nationality	<input type="text"/>
Date of PhD award (or length of full time equivalent research experience)	<input type="text"/>
Duration of appointment as "Assegnista di ricerca" completed at any Italian University at the time of application for the present call (Law 240/2010 – indicate no. of months, if any)	<input type="text"/>



GENERAL INFORMATION ABOUT THE PROJECT

Type of Action	<input type="text"/>
Proposal Acronym	<input type="text"/>
Proposal Title	<input type="text"/>
PANEL	<input type="text"/>
Duration of the project	<input type="text"/>
Proposed starting date	<input type="text"/>



INFORMATION ABOUT THE HOSTING DEPARTMENT

Hosting Department at the University of Padova (UNIPD)	<input type="text"/>
Supervisor at UNIPD	<input type="text"/>
Partner Organization (for Global Fellowships only)	<input type="text"/>
Supervisor at Partner Organization	<input type="text"/>



MSCA SEAL OF EXCELLENCE@UNIPD PARTICIPATION REQUIREMENTS

At the project start, the MSCA SEAL OF EXCELLENCE@UNIPD Grantee may not hold an employment contract, nor benefit from any funding covering the MSCA IF project costs (See Article 2 and Article 6 – Call for applications).

Please state if, at the time of the present application,

you hold an employment contract at the University of Padova (UNIPD)

<input type="checkbox"/> No	<input type="checkbox"/> Yes	Expected contract deadline	<input type="text"/>
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you hold an employment contract at a private/public organization other than UNIPD

<input type="checkbox"/> No	<input type="checkbox"/> Yes	Expected contract deadline	<input type="text"/>
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APPLICANT'S SIGNATURE

Date	<input type="text"/>	Signature	<input type="text"/>
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