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| Attach here a recent photograph | de Duve Institute  Post-Doctoral Fellowship  ------  Application Form |  |

PERSONAL HISTORY

|  |  |
| --- | --- |
| 1. | Name:  (Last) (First) (Middle) |
| 2. | Permanent address:    Tel.: Cell phone: |
| 3. | Mailing address:        e-mail:  Tel.: Cell phone: |
| 4. | Place of Birth: ...............................................................................................................................................  Date of Birth (Day/Month/Year): ....../....../.......... |
| 5. | Citizenship: |

EDUCATION

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 6. | College or university degrees and diplomas: | | | |
|  | Institution | Degree | Year of Award | Distinction |
|  |  |  |  |  |
| 7. | Give title, date of completion and name of supervisor of PhD thesis: | | | |

EXPERIENCE

|  |  |  |  |
| --- | --- | --- | --- |
| 8. | Positions held (professional, teaching, scientific, administrative, etc.): | | |
|  | Name of institution or organization | Title or Position | Years of tenure Give dates |
|  |  |  |  |
| 9. | List any scientific or professional distinctions awarded to you: | | |

LIST OF PUBLICATIONS

|  |  |
| --- | --- |
| 10. | List your publications (articles in journals, book chapters, meeting abstracts), including those in press, with exact titles and full author list. Mention the Impact Factor when applicable and provide pdf files separately (one pdf per paper). |

CANDIDATE'S LABORATORY OF CHOICE

|  |  |
| --- | --- |
| 11. | Name of host lab head:  . |

INTERESTS AND ACCOMPLISHMENTS

|  |  |
| --- | --- |
| 12. | Provide below a ½-page account of the advanced work or research you have already accomplished, and describe your research interest. |

SUMMARY OF RESEARCH PROJECT

|  |  |
| --- | --- |
| 13. | Provide below a one-page summary of your research project at the de Duve Institute.  *Please note that this information may be shared with the Maurange Fund Management Committee.* |

REFEREES

|  |  |
| --- | --- |
| 14. | Mention name, affilition, email and phone numbers of three referees willing to provide information:  .      .      .      .      .      . |

ADDITIONAL INFORMATION

|  |  |
| --- | --- |
| 15. | Have you applied (or are you planning to apply) for any other fellowship for the same project?  Yes  - No  If yes, state which other fellowships:      .    .    .    . |

I certify that the information given in this application is complete and accurate to the best of my knowledge.

Date (Day/Month/Year): ....../....../..........

Signature: ..................................................................