

## APPLICATION FORM

**Surname :** \_\_\_\_\_ **Name:** \_\_\_\_\_

**Birth Date:** \_\_/\_\_/\_\_\_\_ **Birth Place:** \_\_\_\_\_

**Address** \_\_\_\_\_

**Contact email:** \_\_\_\_\_

**Contact telephone number:** \_\_\_\_\_

**I obtained my PhD (or DdR) in** \_\_\_\_\_ **on** \_\_/\_\_/\_\_\_\_

**I will obtain my PhD (or DdR) in** \_\_\_\_\_ **on** \_\_/\_\_/\_\_\_\_

**I have experience in the following research fields:**

- 1)
- 2)
- 3)
- 4)

**I am interested in working in the following research fields:**

- 1)
- 2)
- 3)
- 4)

**I have a first name publication on** \_\_\_\_\_ **(Journal/Year),**  
**titled:** \_\_\_\_\_

**I can start my RIMED fellowship from :** \_\_/\_\_\_\_ (month/ year)

**I am sending with this application form the following documents, in ENGLISH:**

- CV with publication list and authorization to personal data treatment
- Motivation letter
- Reference letter n.1
- Reference letter n.2
- n. \_\_\_\_ publications