Mod. A

AXA Research Fund - POST-DOCTORAL FELLOWSHIPS 2020

*Application Form*

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| --- | --- | --- |
| Last name |  |  |
| First name(s) |  |  |
| Place and date of birth |  |  |
| Citizenship |  |  |
| Address |  |  |
| Phone |  |  |
| E-mail |  |  |
| Name of the Scientific Tutor at L’Aquila University |  |  |
| Department/Laboratory at L’Aquila Univer-sity |  |  |
| PhD achievement date |  |  |
| Current University the candidate is affiliated with (also specify the country) |  |  |
| AXA Call for proposal which the candidate wants to be selectioned: | | |
| Information about the strengths of the host Institution (Department/Laboratory) in the chosen research fields (excellence; international experiences and strategy) - 1 page max |  | |
| Title of the Project (200 characters max including spaces) |  |  |
| Project’s description (3000 characters including spaces) |  | |