

# Application for Medical Project Support

## Short Title of Project

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**Applicant** (Research Institute, Hospital, etc.)

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Designation:  
Postal address:

Telephone:  
Fax:  
Website:  
E-mail:

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## Head of Project

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Full name:  
Title:  
Current position with applicant:  
Postal address:

Telephone:  
Fax:  
E-mail:

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**Scientific collaborator(s) for the Project** (add separate sheets for additional names)

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Full name:  
Date of birth:  
Nationality:  
Current position with applicant:  
Dates and types of academic degrees:

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**Project Costs**

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**broken down in:****Currency <sup>1</sup>**

Personnel costs:

Equipment, material, hardware, software:

Fees to third parties:

Travel expenses:

Miscellaneous:

**Total:**

Indicate the basis for computing the  
personnel costs:

Application for support from other sources: 

Yes

No

If yes, give details (institutions, amounts  
applied for and granted):

<sup>1</sup> currency: please indicate local currency of country of applicant

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**Duration of Project:**

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Beginning:

End:

**Summary Description of Project:** (max. 400 words)

**Enclosures:**

- Cover letter applicant
- Curriculum vitae \* with list of publications \*\* of head of the project
- Curriculum vitae \* with list of publications \*\* of sc.collaborator(s)
- Detailed project description (max. 2'500 words)

In case of significant changes in the information provided in this form and its enclosures, the applicant will notify the Foundation immediately in writing.

**Place and date****Signature of Applicant**

\* Size 1 A4 page

\*\* Max. 10 most important publications