APPLICATION FOR INDIVIDUAL GRANT (IGF)

(note: This is not to be used to request actual payments)

To be completed in English using a typewriter or by hand in block capitals by each NIS- scientist applying for an Individual Grant. Please return these forms to INTAS, via the Co-ordinator, by mail as soon as the identity of grantees is known. Additional applications may be forwarded to INTAS at any time during the project duration when new scientists join the research team.

INTAS Ref. No:			
Project Title :			
Organisation and unit whe	ere the work is carried out :		
Identification of the G	rantee:		
Name:	Patronic Name :	Surname:	
Title and Position in the	e organisation:		
Category of staff:			
☐ Team leader Maximum monthly grant up to 500 EURO	☐ Senior Researcher at least 7 years research experience up to 400 Euro	☐ Engineer University or Higher Education degree up to 300 Euro	☐ Technician Technical and specialised staff up to 200 Euro
Function in the project:			
Date of birth :		Passport No:	
<u>Private address</u> :			
Street and No:		P.O.Box:	
Postal Code and Town:		Country:	
Individual Grant appl	ication:		
Project, subject to the condition the Individual Grant will only Project at the workplace indica concurrent involvement in mult receive Individual Grants in ex INTAS will have the choice of due to changes in the Project of Information of such a terminat	is set out in the Co-operation Agreemen be awarded for the duration of my in- ted in this application form. I am awa- iple INTAS projects cannot exceed the cess of the relevant maximum amounts law and jurisdiction. If, in the course of or if the tasks are not performed satisfa-	te personally in my scientific work for the of and the General Conditions thereto. I acceptoly a consistent in the Project and on condition are that the monthly total of any INTAS In maximum allowable grant for my category to fraud and might result in INTAS taking the Project, the scientific tasks to be under actorily, INTAS might halt the payment of warded by the NIS team leader or INTAS ing this period.	ept these conditions and agree that I perform the tasks set out in the dividual grants resulting from my of staff. I agree that any attempt to g legal action against me, whereby taken by me are no longer required the Individual Grant at any time.
I apply for a monthly in	dividual grant of	(amount) Euro for a duration of	(number) months.
My total Individual Gra	nt shall amount to	amount) Euro.	
Signature of the Grantee :		Date:	
Confirmed by the NIS to	eam leader:		
Hereby INTAS approves the Individual Grant, subject to the conditions above:			
J J J J J J J J J J J J J J J J J J J	s the Individual Grant, subject	to the conditions above:	