**DELGEME PLUS**

**PHD FELLOWSHIP IN AMR APPLICATION FORM**

1. **Personal Information**

|  |  |
| --- | --- |
| Title: |  |
| Last name: |  |
| Maiden name (for married women only): |  |
| First Name: |  |
| Birth date: |  |
| Gender:  |  |
| Nationality: |  |

1. **Home Address**

|  |  |
| --- | --- |
| Address: |  |
| City: |  |
| Country of residence: |  |
| Phone: |  |
| Fax: |  |
| Email 1: |  |
| Email 2: |  |

1. **Professional Information**

|  |  |
| --- | --- |
| Current job:  |  |
| Organization: |  |
| Department, service: |  |
| Position or title: |  |
| Address: |  |
| P. O. Box or postal code: |  |
| Length of your professional experience (Year): |  |

1. **Proposed Research institution**

|  |  |
| --- | --- |
| Name of Research institution  |  |
| Address of research institution  |  |

1. **Summary of research concept note**

|  |
| --- |
| Title of the research project:  |
| Summary (1 page maximum): |

1. **Work plan (Timelines)**

|  |
| --- |
|  |

1. **Budget** (field work if applicable, personnel, materials, travel) Please add lines as needed

|  |  |
| --- | --- |
| Item | Amount |
|  |  |
|  |  |
|  |  |
| Total |  |

Please indicate any additional source of funding for your project

|  |
| --- |
|  |

1. **Mentor reference[[1]](#footnote-1)**

|  |  |
| --- | --- |
| Last and First names |  |
| Title |  |
| P.O Box or postal code: |  |
| Email: |  |
| Phone: |  |

Signature

I……………………………………………… (name and surname of the candidate) hereby certify the accuracy of the above information

Place and Date ……………………………………………..

1. Mentorshipis a relationship in which a more experienced/ person of greater rank or more knowledgeable helps to teach, guide and develop a less experienced or less knowledgeable person. [↑](#footnote-ref-1)