

APPLICATION FOR RESEARCH FUNDING

**1. The applicant**

**a) Contact information and personal data**

Name:	
Title:	Gender:
Doctoral studies:	Admission year:
Work address:	
Telephone:	
Mobile:	
E-mail:	
Employment:	
Date of PhD registration:	
Date of Ph.D:	
Main supervisor (if applicable)	
Associate Professor (date)	

**b) Co-applicants, contact information**

Name:	
Work address:	
Telephone:	
Mobile:	
E-mail:	

**2. Project title**

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**3. Project type**

a) Continued application:	
b) References from previous application	Previously approved amount:
c) New project:	

**4. Budget (briefly)**

	a) Staff costs	b) Expenses	c) Total
Applied period			
Costs during any subsequent period			

I hereby certify that the institution / workplace has the potential to make buildings and other necessary resources available to the project.

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**Head of department**  
(with clarification of signature)

**5. Project summary**

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**6. Budget (precise budget plan for sub-projects)**

	a) Cost, total	b) Contributions from the fundthe previous year
c) Human resource Total cost		
<b>Subtotal</b>		
d) Management		
Equipment		
Travelling		
Other expenses		
<b>Subtotal</b>		
<b>Total</b>		

**7. Scientific report regarding previously obtained funds**  
(summary, max 3000 characters)

### 8. Attachments

<input type="checkbox"/> Curriculum Vitae (mandatory)	<input type="checkbox"/> Scientific report (required for continuing projects)
<input type="checkbox"/> Detailed project description (maximum 10 pages)	<input type="checkbox"/> Reprints
<input type="checkbox"/> Miscellaneous	

### 9. Payee

Department or equivalent:	
Workplace:	
Function:	

Enter your bank details:
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Submitted to (address)	
Magnus Hansson, Associate Professor Clinical Pathology and Cytology Gula stråket 8 Sahlgrenska University Hospital 413 45 Göteborg	

#### **Application deadline**

For the application to be processed, the form must be fully completed and submitted to the Board by 30 September.

#### **Debriefing required**

Reporting is required before the next application period.

### 10. Signature and printed name

City and date	Signature - the applicant