

**ESSR RESEARCH GRANT**  
**FORM B: AUTHORS AND INSTITUTIONS**

B.1. Title of the project

B.2. CV and affiliation of the Principle Investigator

Name:  
Institution address:  
Email:  
Phone:

CV (max. 500 words):

B.3. Affiliation of the Chief of the Department in which the research will be performed

Name:  
Department:  
Institution address:  
Email:  
Phone:

I, the undersigned Researcher .....,  
accept the conditions of the ESSR Research Grant.

Date:

Signature:

I, the undersigned Chief of the Department, .....,  
declare that the above mentioned Researcher will be allowed to perform his research in the Department directed  
by myself. I also accept the conditions of the ESSR Research Grant.

Date:

Signature:

