 Texto

Descripción generada automáticamente

*Application form*

**CIBERONC MOBILITY GRANTS**

I CALL 2021

**PERSONAL INFORMATION:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name and family name: | | | | |
| DNI: | | | | |
| Personnel: | Contratado | Adscrito | Colaborador |  |
| Category: | Doctor | Licenciado | Graduado | Técnico |
| Current job position: | | | | |
| E-mail: | | | | |
| Telephone number: | | | | |
| PI of the CIBERONC group: | | | | |
| City and research center: | | | | |

**GRANT REQUEST:**

|  |  |  |
| --- | --- | --- |
| Request for grant under the modality:   * Type A: A.1. Intra-program grant   A.2. Inter-program grant  A.3. Inter-CIBER grant   * Type B: B.1. Extramural national   B.2. Extramural international. | | |
| Starting date: | End date: | N days: |
| PI receptor group: | | |
| Receptor Research center:  City and country: | | |
| Funding requested to CIEBRONC: | | |
| Short description of the activity to carry out under this grant: *(max 500 words)* | | |

, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ de 2021

SIGNED:

Applicant PI Applicant Group PI Receptor Group



*Please send signed to* [*formacion@ciberonc.es*](mailto:formacion@ciberonc.es)