# RESEARCH VISITS TO TURKEY

# APPLICATION FORM

# Application should be submitted through the home academy of sciences

SECTION I: Applicant

Title and full name:

|  |  |  |
| --- | --- | --- |
| **Title** | **First name**  | **Surname** |
|  |  |  |

Address, email, phone & fax numbers:

|  |  |
| --- | --- |
| **Organization** |  |
| **Department** |  |
| **Postal address** |  |
| **Email** |  |
| **Phone number**  |  |

Current appointment:

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| --- |
|  |

Date and place of birth:

|  |  |
| --- | --- |
| **Date of birth** |  |
| **Place of birth** |  |

1. Employment history, including positions held, employers and dates: (Most recent at top):

|  |  |  |
| --- | --- | --- |
| **Position held** | **Employer**  | **Date(s)** |
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1. Educational qualifications, including institutions and dates: (Most recent at top):

|  |  |  |
| --- | --- | --- |
| **Qualification** | **Institution**  | **Date(s)** |
|  |  |  |
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SECTION II: Details of Activities in Turkey

Brief title of proposal.

*No more than 10-20 words.*

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1. Describe objectives of the visit, research proposed and titles of lectures to be given.

*(Maximum length two A4 pages)*

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1. Have you previously visited or collaborated with scientists in the host institution? Please give details.

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1. Have you previously applied for or participated in the home Academy’s international programs? Please give details.

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| --- | --- |
| **Dates:** | **Name of program:** |
|  |  |
|  |  |

1. Attach a list of relevant publications

SECTION III: Program Details

Duration of visit (number of days):

|  |  |
| --- | --- |
| **Duration of visit:***(number of days)* |  |

Proposed dates of arrival and departure:

|  |  |
| --- | --- |
| **Proposed arrival date:** |  |
| **Proposed departure date:** |  |

SECTION 4: HOST DETAILS

Please include contact information for each host institution to be visited (maximum 3 hosts).

1. Main host institution:
	1. Name and address of institution and duration of visit:

|  |  |
| --- | --- |
| **Title and full name** |  |
| **Position** |  |
| **Department** |  |
| **Organization** |  |
| **Postal address** |  |
| **Physical address (if different)** |  |
| **Email** |  |
| **Phone number** |  |
| **Fax Number** |  |
| **Duration of visit***(Number of days)* |  |

Please attach a letter of invitation

* 1. Details of second host to be visited and duration of visit:

|  |  |
| --- | --- |
| **Title and full name** |  |
| **Position** |  |
| **Department** |  |
| **Organization** |  |
| **Postal address** |  |
| **Physical address (if different)** |  |
| **Email** |  |
| **Phone number** |  |
| **Fax Number** |  |
| **Duration of visit***(Number of days)* |  |

Please attach a letter of invitation

|  |  |
| --- | --- |
|      Signature of applicant |      Date |