

Application form for the OSL Fellowship Program CATS

1. Personal Information

Surname: _____

Given name(s): _____

Gender: female male

Date of birth (day/month/year): _____

2. Current Affiliation

University / Institute: _____

Phone number: _____

E-mail: _____

3. Planned Grant Project

Starting date / number of months: _____

Title: _____

CATS Work Package: _____

Names of CATS partners in Germany and Russia: _____

Planned laboratory works in the Otto Schmidt Laboratory:

4. Academic Career

Your highest degree: _____

Title of thesis: _____

University, country: _____

Date: _____

