

UNITED NATIONS EDUCATIONAL, SCIENTIFIC AND CULTURAL ORGANIZATION
and
INTERNATIONAL ATOMIC ENERGY AGENCY
the **ABDUS SALAM INTERNATIONAL CENTRE FOR THEORETICAL PHYSICS**

Strada Costiera, 11
I-34014 TRIESTE TS
ITALY

E-mail: elettra@ictp.it

APPLICATION FOR FINANCIAL SUPPORT

ICTP-ELETTRA USERS PROGRAMME

	A recent photograph of the candidate should be attached here.
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INSTRUCTIONS

Before filling in this form, you must have already submitted your experiment proposal via web at the following URL: <http://www.elettra.trieste.it/> ; Proposal ID (Please Print):; Date of Arrival: - Date of Departure: (Mandatory for VISA).

Each question must be answered clearly and completely. Type or print in ink. If more space is required, attach additional pages. This form should be sent by email to: elettra@ictp.it

NOTE: This request will be processed only if the permanent address (and present address, if different) is clearly indicated. The ICTP cannot process any visa request, unless all requested personal data are provided

PERSONAL DATA

SURNAME/FAMILY Name	MAIDEN NAME <i>for women only (if applicable)</i>	First Name	Middle Name	Sex:

IMPORTANT: PLEASE ALSO COMPLETE THIS SECTION, IF YOUR NAME(S) IN YOUR PASSPORT ARE SPELT DIFFERENTLY FROM ABOVE.

SURNAME/FAMILY Name	MAIDEN NAME <i>for women only (if applicable)</i>	First Name	Middle Name

Place of birth <i>(City and Country)</i>	Present nationality	Date of birth Year – Month - Day

Full address of permanent Institution	Institute:	Tel. No.: Telex/Cable: Telefax:
	Your office:	Tel. No.: Telefax:
	E-mail: *
Full address of present Institution <i>(if different from permanent)</i> Institute:		Tel. No.: Telex/Cable: Telefax:
	Your office:	Tel. No.: Telefax:
	E-mail: *
Home address	Tel. No.	

Mailing address - please indicate whether: Permanent <input type="checkbox"/> Present <input type="checkbox"/> Home <input type="checkbox"/>
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Name and address of person to notify in case of emergency	Relationship	Tel. No.

EDUCATION (higher degrees) <u>University or equivalent</u> Name and place	Years attended from to	Degrees

SCIENTIFIC EMPLOYMENT AND ACADEMIC RESPONSIBILITY <u>Research Institution or University</u> Name and place	Period of duty from to <u>Academic Responsibilities</u>

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Have you participated in past ICTP activities? If yes, which?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

List your scientific publication including books and articles (authors, title, Journal) in the last five years

Request for Financial Assistance: **(Please tick ONE box only)**

- Full Travel + Subsistence
- Half Travel + Half Subsistence (if lodging costs are not required)
- Subsistence only

	Signature

I certify that the statements made by me are true and complete. If accepted, I undertake to refrain from engaging in any political or other activities which would reflect unfavourably on the international status of the ICTP and ELETTRA. I understand that any breach of this undertaking may result in the termination of the arrangements relating to my visit at the Centres.

Signature of applicant		Date