



AMC registration

MAS - Short-term Mobility Grants
For UK-applicants
2016

Title and full name _____:

Date of Birth: ___/___/___ (dd/mm/yy) Nationality: _____

Institution, Country and Date PhD Awarded: _____

Research area: Exact Sciences: [] Natural Sciences: [] Social Sciences and Humanities: [] Engineering: []

Research specialization area: _____

Present research: _____

Current work Institution: _____

Start date of present employment: _____

Department: _____

Current post: _____

General information:

Work Address: _____

Office ☎ : _____ Mobile ☎ : _____ E-mail: _____

VISIT AND PROJECT INFO

Research Project title: _____

General purpose: _____

Benefits of research to individuals and institutions: _____

Tentative dates of visit: _____, 2016 -- _____, 2016 or 2017 (up to three months; visits have to start in 2016)
month month

Number of weeks: _____ from four (minimum) to 12 weeks (maximum)

Title and full name of Mexican co-applicant: _____:

Host Institution in Mexico: _____

Previous contact with Mexican co-applicant (dates and joint research work): _____

PERSONAL DETAILS OF THE MEXICAN CO-APPLICANT

Title and full name: _____:

Date of Birth: ____/____/____ (dd/mm/yy) Nationality: _____

Institution, Country and Date PhD Awarded: _____

Current work Institution: _____

Department: _____

Start date of present employment: _____

Current post of the Mexican Co-applicant: _____

Research specialization area: _____

Present research: _____

Office ☎ : _____ Mobile ☎ : _____ E-mail: _____

INSTITUTIONAL REFERENCES

MEXICAN INSTITUTIONAL REFERENCE:

MUST BE THE HEAD OF DEPARTMENT OF THE MEXICAN CO-APPLICANT OR THE AUTHORITY WHO WILL APPROVE THE LETTER SPECIFIED AT POINT 7) OF THE CALL.

Head of Department of the Mexican Co-applicant or Institutional Authority (name, phone and e-mail): _____

UK INSTITUTIONAL REFERENCE:

MUST BE THE HEAD OF DEPARTMENT OF THE UK APPLICANT OR THE AUTHORITY WHO WILL APPROVE THE LETTER SPECIFIED AT POINT 8) OF THE CALL.

Head of Department of the UK applicant or Institutional Authority (name, phone and e-mail): _____