

Proposal Submission Form



EUROPEAN COMMISSION
6th Framework Programme on
Research, Technological
Development and Demonstration

Network of Excellence

A2

Proposal Nr Proposal Acronym Participant Nr

Information on Participants

Participant organisation

Org. legal name
 Org. short name

Legal address

PO Box Postal Code Cedex

Street Name and Nr

Town Country

Internet Homepage

Activity Type Legal Status

If "PRC" please specify

Is the organisation a Small or Medium-Sized Enterprise (SME)?

Any dependencies between the organisation and (an)other participant(s)?

If yes, part.nr short name Character of dependence

If yes, part.nr short name Character of dependence

If yes, part.nr short name Character of dependence

Person in charge Title Prof Sex

Name

First name(s)

Department/Faculty/Institute/Laboratory name

Address (if different from above)

PO Box Postal Code Cedex

Street Name and Nr

Town Country

Phone1 Phone2 Fax

e-mail

Previously submitted similar proposals or signed contracts?

if yes, programme names&year

If yes, proposal or contract number(s)