



**PROGRAMA DE COOPERACION CIENTIFICA ENTRE
INSTITUCIONES ACADEMICAS DE PAISES DE AMERICA
DEL SUR Y EL INSTITUTO PASTEUR**

APPLICATION FORM

**1. IDENTIFICATION NAME OF THE SCIENTIFIC
PROGRAM / INSTITUTION**

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**2. COMPOSITION AND MEMBERS OF THE
PROGRAM / INSTITUTION**

2.1. DIRECTOR AND LABORATORY HEADS OF THE SCIENTIFIC PROGRAM/INSTITUTION.

	Name	Department, laboratory or equivalent	Institution - Organization	Academic position	Field of research
Institute/Program Director					
Laboratory or Institution heads participating in this scientific program					

3. SCIENTIFIC AND ACADEMIC INFORMATION

(Note: Use continuation pages as needed to provide the required information in the table format used below)

3.1 BIOGRAPHICAL SKETCH OF ALL GROUP/LABORATORY/INSTITUTION MEMBERS.

(Note: Provide the following information for the Institute/Program director and for each laboratory head and fill one table/format for each associated group or laboratory)

3.1.1.

NAME	INSTITUTION/LABORATORY	POSITION TITLE

3.1.2 Education / Training. (Main educational and training activities organized by the group including PhD thesis, national and international fellowships, Msc thesis, Postgraduate courses, etc.)

3.1.3 Professional Experience: (beginning with post doc and ending with current position)

3.1.4 Professional Activities: (meeting organization, membership in editorial boards, etc)

3.1.5 Honors and awards:

3.1.6 Publications: (List in chronological order the titles, all authors and complete references of most relevant publications concerning this proposal or those related with the proposed field of research.)

3.1.7 Research Interest (Describe briefly – no longer than ¼ of a page the actual research of the group or Laboratory.)

3.1.8 Funding (Actual and in the last 5 years).

4. AREA OF SPECIAL INTEREST/KEYWORDS :

5. RATIONALE/SCIENTIFIC KNOWLEDGE WHICH JUSTIFY THIS PROGRAM IN THE REGIONAL AND/OR INTERNATIONAL CONTEXT
(brief description)

6. WHICH COULD BE THE IMPACT OR CONTRIBUTION OF THE PRESENT PROPOSAL OR PROGRAM WITHIN THE AMSUD PASTEUR NETWORK?

7. OTHER COMMENTS OR INFORMATION

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8. AGREEMENT SIGNATURES

Leader from coordinator group

Program coordinator name:

Unit or laboratory :

Signature

Leader of associated groups or laboratories

Name :

Unit or laboratory:

Signature

Leader of associated groups or laboratories (One agreement signature for each associated laboratory or group)

Name :

Unit or laboratory:

Signature
