

ISTITUTO NAZIONALE DI FISICA NUCLEARE DIREZIONE AFFARI DEL PERSONALE UFFICIO BORSE DI STUDIO CASELLA POSTALE 56

00044 FRASCATI - ROMA (ITALIA)
TEL +30 06 04032478 FAX +30 06 0410864

APPLICATION

FOR A POST-DOCTORAL FELLOWSHIP FOR NON ITALIAN CITIZENS

| | TEL +39 06 940324 | 178 - FAX +39 0 | 6 9419864 | | | | THEORETICAL, NUCLEAR EXPERIMENTAL PHYSICS | R AND PARTICLE PHYSICS |
|---|----------------------|-------------------------|-------------------|----|---------------------------------|------------|---|---------------------------------|
| PLEASE TYPE OR PRINT | CLEARLY. | | | | | | EXPERIMENTAL PHYSICS | 5 |
| SURNAME | | | | | ADDRESS FOR CORRESPONDANCE | | | |
| FIRST NAME | | | | | | | | |
| DATE OF BIRTH | DAY M Yr SEX M F | | | | HOME ADDRESS | - | | |
| | | | | | | _ | | |
| TOWN OF BIRTH NATIONALITY/IES | | | TELEPHONE E-MAIL | | | | | |
| NATIONALITITIES | | | | | E-IVIAIL | | | |
| | INSTITUTION | FROM | то | | NATURE OF WORK | | | |
| PRESENT POSITION | | | | | | | | |
| | | | | | | | | |
| PREVIOUS | | | | | | | | |
| POSITION | | | | | | | | |
| | | | | | | | | |
| WHAT TYPE OF SCIENTIF | IC WORK ARE YOU INTE | RESTED IN? | | | | | | |
| ARE YOU IN CONTACT WITH ANY INFN RESEARCH GROUP? IF YES, PLEASE INDICATE WHICH GROUP/S. | | | | | | | | |
| WHICH INFN SECTION OR LAB. WOULD YOU CARRY OUT YOUR WORK AT? 1) | | | | | | | | |
| | | | | 2) | | | | |
| EDUCATION (EXCLUDING | PRIMARY SCHOOL) | | | | | | | |
| | | | | | | | | |
| MOTHER TONGLE | | | | | | | | |
| MOTHER TONGUE | | | | | | | | |
| OTHER LANGUAGES | | | | | V.G. | | GOOD | FAIR |
| | | | | | | | | |
| | | | | | | - | | |
| REFERENCES | | sk three referees to se | | | mendation, in English or Italia | an, to the | address to which you forwa | ard this application, to arrive |
| | | | | | | | | |
| | | | | | | | | |

| REMARKS | | |
|------------|----------|--|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| SIGNATURE | DATE | |
| | | |
| | | |
| | | |
| ENCLOSURES | | |
| | | |
| | | |

PLEASE LIST PUBLICATIONS IN A SEPARATE SHEET, INDICATING THE NUMBER OF CO-AUTHORS, IF ANY

PLEASE SEND THIS FORM TO:

INFN - ISTITUTO NAZIONALE FISICA NUCLEARE DIREZIONE AFFARI DEL PERSONALE UFFICIO BORSE DI STUDIO CASELLA POSTALE 56 00044 FRASCATI - ROMA (ITALIA)