

**APPLICATION FOR POST-DOC GRANT AT CHARLES UNIVERSITY IN  
PRAGUE***(All blanks should be filled out in English and be typewritten)*

NAME OF APPLICANT *(Enter full name, underline family name)*

Mr.

Ms.

PLACE AND DATE OF BIRTH

Month

Day

Year

OFFICE ADDRESS AND PHONE No:

HOME ADDRESS AND PHONE No:

VISITING FACULTY/INSTITUTE

NAME OF RESEARCH PROJECT

**RESEARCH PROJECT:** Give your reasons for wanting to pursue them at Charles university in Prague, Czech Republic. Name the research project which you would like to realize in co-operation with the research team of the faculty/institute. Be specific about your major field and your specialized interests within this project. Explain how your research project fits in with your previous training and your future objectives.

*(Use a separate sheet if necessary)*

**NAME OF APPLICANT:**  
**INSTITUTE / DEPARTMENT:**  
**DATE:**

**SIGNATURE:**