



## SHER PhD/Post-doc Fellowships Confirmation by Home Institution

(This form may only be filled in by authorized staff at your institution)

Name of applicant			
Complete name of your institution			
Address			
E-mail, website			
Name of signatory			
Position of signatory			
In the name of our institu	ution, I hereby confirm that (please tick where applicable)	:	
The applicant named abo	ove is currently employed at our institution.*		
The applicant will be (re-)employed after the completion of their project / studies in Austria.			
Our institution supports the proposed topic (see proposal) for the applicant's project / studies in Austria.			
	yed but has another affiliation with your institution (through proe in the last section 'additional information'.	ojects,	
The proposed topic is in our institution: (if yes, plea	line with the training curriculum and/or development ase state below)	t plan of	













Has there been any cooperation with Austrian institutions before?					
Yes		No			
If yes, please name the respective institution(s) and briefly describe the cooperation:					
Name of Austrian institution(s)					
Contact person or partners at Austrian institution					
Short description of cooperation(s)					
Additional information & comments:					
Place, date		Signature and	d stamp of the institution		





