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|  | | | Logo OeADNomination Incoming  WISSENSCHAFTLICH-TECHNISCHE ZUSAMMENARBEIT (WTZ)  SCIENTIFIC & TECHNOLOGICAL COOPERATION | | | | | | | | | | |  | |
|  | | | | | | | | | | | | | | | |
| **Cooperation country:** | | | | | |  | | | | | | | | | |
| **Project number in Austria:** | | | | | |  | | | | | | | | | |
| **1. Personal data guest researcher** | | | | | | | | | | | | | | | |
| Surname: | | | | | | |  | | | | | | | | |
| First name: | | | | | | |  | | | | | | | | |
| Academic degree: | | | | | | |  | | | | | | | | |
| Date of birth: | | | | | | |  | | | | | | | | |
| Sex: | | | | | | | male | | | | | | female | | |
| Research institution in the home country: | | | | | | |  | | | | | | | | |
| Address of home institution: | | | | | | |  | | | | | | | | |
| Contact: | | | | | | | E-Mail: | | | | | | | | |
| **2. Information – Visit to Austria** | | | | | | | | | | | | | | | |
| Date of visit in Austria: | | | | | | | from | | | | | | to | | |
| Duration of stay: | | | | | | | day(s) total: | | | | | | month(s) total: | | |
| **3. Information - Austrian project partner** | | | | | | | | | | | | | | | |
| Research institution in Austria: | | | | | | | |  | | | | | | | |
| Address of host institution: | | | | | | | |  | | | | | | | |
| Name of the project coordinator in Austria: | | | | | | | |  | | | | | | | |
| Contact: | | | | | | | | Telephone: | | | | | E-Mail: | | |
| **4. Reimbursement of accommodation expenses:** (please choose) | | | | | | | | | | | | | | | |
|  | | at our local **OeAD Regional Office** to the guest researcher personally: | | | | | | |  | **Bank transfer** to the following Austrian bank account (Acknowledgement of receipt signed by the visiting researcher to be send to the OeAD-GmbH / ICM) | | | | | |
|  | | |  |  | | --- | --- | |  | Regional Office Graz | |  | Regional Office Innsbruck | |  | Regional Office Klagenfurt | |  | Regional Office Leoben | |  | Regional Office Linz | |  | Regional Office Salzburg | |  | Regional Office Vienna | | | | | | | | Name of bank: | | | | | | |
|  | |  | | | | | | | BIC: | | | | | | |
|  | |  | | | | | | | IBAN: | | | | | | |
|  | |  | | | | | | | Account holder: | | | | | | |
|  | |  | | | | | | | Internal assignment number:  (university project accounts ONLY) | | | | | | |
|  | |  | | | | | | | Purpose:  (if required) | | | | | | |
| **Please submit this nomination** to the OeAD-GmbH / ICM Ebendorferstraße 7, 1010 Wien or per fax: 01/53 408-499 or e-mail: [wtz@oead.at](mailto:wtz@oead.at) **3 weeks prior to your guest researcher’s stay.** | | | | | | | | | | | | | | | |
|  |  | | | , |  | | | | | |  |  | | |  |
|  | Place | | |  | Date | | | | | |  | Signature | | |  |

Version 20.01.2015, M. Staltner (OeAD/ICM/WTZ)