

Proposal Submission Form



EUROPEAN COMMISSION
6th Framework Programme on
Research, Technological
Development and Demonstration

Marie Curie Mobility Actions

**Marie Curie Host Fellowships
for the Transfer of Knowledge
(ToK)**

A2

Proposal Nr Proposal Acronym Participant Nr

Information on Organisations

Participant organisation		Institute of Mathematics of the Polish Academy of Sciences					
Org. legal name							
Org. short name		IM PAN					
Legal addr.	PO Box	<input type="text" value="21"/>	Postal Code	<input type="text" value="00-956"/>	Cedex	<input type="text"/>	
Street Name and Nr		<input type="text" value="Sniadeckich 8"/>					
Town	<input type="text" value="Warsaw"/>			Country	<input type="text" value="Poland"/>		
Internet home page	<input type="text" value="http://www.impan.gov.pl"/>						
Activity Type	<input type="text" value="Research"/>	Legal Status	<input type="text" value="GOV"/>	If "PRC", specify	<input type="text"/>		
Is the organisation a Small or Medium-Sized Enterprise (SME)?						<input type="text" value="No"/>	
Is the organisation situated in a Less-Favoured Region within the EU?						<input type="text" value="No"/>	
Name of Less-Favoured Region		<input type="text"/>					
Any dependencies between the organisation and (an)other participant(s)?						<input type="text" value="No"/>	
If yes, part.nm	<input type="text"/>	short name	<input type="text"/>	Character of dependence	<input type="text"/>		
If yes, part.nm	<input type="text"/>	short name	<input type="text"/>	Character of dependence	<input type="text"/>		
If yes, part.nm	<input type="text"/>	short name	<input type="text"/>	Character of dependence	<input type="text"/>		
Scientist in charge	Title	<input type="text" value="Prof."/>	Sex	<input type="text" value="Male"/>			
Name	<input type="text" value="Przytycki"/>						
First name(s)	<input type="text" value="Felix"/>						
Department/Faculty/Institute/Laboratory name							
<input type="text" value="Institute of Mathematics"/>							
Address (if different)	PO Box	<input type="text"/>	Postal Code	<input type="text"/>	Cedex	<input type="text"/>	
Street Name and Nr		<input type="text"/>					
Town	<input type="text"/>			Country	<input type="text"/>		
Phone1	<input type="text" value="+48225228100"/>		Phone2	<input type="text" value="+48225228187"/>		Fax	<input type="text" value="+48226293997"/>
e-mail	<input type="text" value="F.Przytycki@impan.gov.pl"/>						
Internet home page	<input type="text" value="http://www.impan.gov.pl"/>						
Previously submitted similar proposals or signed contracts?						<input type="text" value="Yes"/>	
If yes, prg and year	<input type="text" value="Marie Curie Training Site Fellowship 2000"/>						
If yes, proposal or contract number(s)			<input type="text" value="Contract NR: HPTM-CT-2000-00072"/>				