

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		L'Institut National de Recherche en Informatique et en Automatique					
Org. legal name							
Org. short name		INRIA					
Legal addr.	PO Box	<input type="text" value="B.P.105"/>	Postal Code	<input type="text" value="78153"/>	Cedex	<input type="text"/>	
Street Name and Nr		<input type="text" value="-"/>					
Town	<input type="text" value="Le Chesnay"/>			Country	<input type="text" value="France"/>		
Internet home page	<input type="text" value="http://www.inria.fr"/>						
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="Levy Vehel"/>						
First name(s)	<input type="text" value="Jacques"/>						
Department/Faculty/Institute/Laboratory name							
<input type="text" value="Rocquencourt Unit"/>							
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="+33139635511"/>		Phone2	<input type="text" value="+33139635552"/>		Fax	<input type="text" value="+33139635330"/>
e-mail	<input type="text" value="jacques.levy_vehel@inria.fr"/>						
Internet home page	<input type="text" value="http://www.inria.fr/recherche/equipes/fractales.en.html"/>						
Previously submitted similar proposals or signed contracts?						<input type="text" value="No"/>	
If yes, prg and year	<input type="text"/>						
If yes, proposal or contract number(s)	<input type="text"/>						