

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		Universite Pierre et Marie Curie - Paris 6					
Org. legal name							
Org. short name		Paris 6					
Legal addr.	PO Box	<input type="text" value="186"/>	Postal Code	<input type="text" value="75252"/>	Cedex	<input type="text" value="05"/>	
Street Name and Nr		<input type="text" value="Place Jussieu 4"/>					
Town	<input type="text" value="Paris"/>			Country	<input type="text" value="France"/>		
Internet home page	<input type="text" value="http://www.math.jussieu.fr"/>						
Activity Type	<input type="text" value="Higher Education"/>	Legal Status	<input type="text" value="GOV"/>	If "PRC",specify			
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="Pisier"/>						
First name(s)	<input type="text" value="Gilles"/>						
Department/Faculty/Institute/Laboratory name							
<input type="text" value="Equipe d'Analyse Fonctionnelle"/>							
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="+33144275350"/>		Phone2	<input type="text"/>	Fax	<input type="text" value="+33144272555"/>	
e-mail	<input type="text" value="Gig@ccr.jussieu.fr"/>						
Internet home page	<input type="text" value="http://www.ccr.jussieu.fr/eqanalyse/Users/pisier"/>						
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"/>						