Excellence Programme:
DZHK Junior Research Group EX.2-A

- Application form -

Please refer to the funding guideline DZHK ‘Junior Research Group’ (EX.1-A) for objectives that can be financially supported. Please submit your application by email to excellencegrants@dzhk.de.

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| --- | --- | --- | --- |
| Title: | Title | Gender: | Gender |
| First name: | First name |
| Last name: | Last name |
| Phone: | Phone number | Email: Email |
| ORCID ID (if existing): | ORCID ID |
| Date of state examination or equivalent (medical doctors only): | dd.mm.yyyy |
| Date of doctoral degree: | dd.mm.yyyy |
| Current place of work (name, address, phone number):Please enter address. |
| Hosting DZHK partner institution:Please enter your institution. | DZHK partner site:Please select your site. |
| Title of research project (max. 100 characters with spaces):Please enter title. |
| Intended start of project: dd.mm.yyyy |

Final statement

With submission of the documents, the applicant commits to become a member of the Young DZHK (given the approval of the application).

[ ]  I confirm by selecting the check box that the information necessary for processing the application is stored and processed electronically, that the application will be forwarded to internal reviewers and that the DZHK, given an approval of the application, may use personnel, institutional and project specific information (e. g. Internet or reporting).

Not to be filled by the applicant:

|  |  |  |
| --- | --- | --- |
| Please enter name.Main office | reviewed/approved [ ]  | Date dd.mm.yyyy |
| Please enter name.Review panel | reviewed/approved [ ]  | Date dd.mm.yyyy |
| Please enter name.Funding management department | reviewed/approved [ ]  | Date dd.mm.yyyy |