

**Post-Doctoral Scholarships**

**10/2019**

Application Form

|  |  |
| --- | --- |
| Academic Year: | 2019-2020 |
| Department: |  |
| Post-Doc Advisor/s: |  |

**1. Personal Information:**

|  |  |  |  |
| --- | --- | --- | --- |
| First Name: |  | Last Name: |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Date of Birth: |  | Male / Female | Marital Status: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Citizenship: |  | I.D. / Passport No: |  |

|  |  |
| --- | --- |
| Address abroad:  TL. No.: |  |
| Address in Israel:  Tel. No.: |  |
| E-Mail Address: |  |

|  |
| --- |
| Present Position: |

**2. Education** (B.A., M.A., Ph.D.):

|  |  |  |  |
| --- | --- | --- | --- |
| Years attended | Institute | Degree | Field / Subject |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**3. Academic or professional former positions:**

|  |  |  |  |
| --- | --- | --- | --- |
| Dates | Institute | Position | Field / Subject |
|  |  |  |  |
|  |  |  |  |

**4. References (If possible, one outside from your University):**

|  |  |  |
| --- | --- | --- |
| No. | Name | Institute / Department |
|  |  |  |
|  |  |  |
|  |  |  |

**5. Research details (at Tel-Aviv University):**

|  |  |
| --- | --- |
| Department: |  |

|  |  |
| --- | --- |
| Research Group: |  |

|  |  |
| --- | --- |
| Advisor/s: |  |

**6. Duration:**

|  |  |  |  |
| --- | --- | --- | --- |
| Starting Date: |  | Final Date: |  |

**7. Research subject:**

|  |
| --- |
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|  |  |  |  |
| --- | --- | --- | --- |
| Date: |  | Candidate Signature: |  |

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To be filled in by the advisor/s:

By the signature bellow I certify that:

1. The Candidate fits for the Post-Doc. Program.
2. I will finance half of the Post-Doc Scholarship.

|  |  |  |  |
| --- | --- | --- | --- |
| Date: |  | Advisor/s Signature: |  |

|  |  |  |  |
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