**APPLICATION FORM – Postdoctoral**

**1.- Personal data**

|  |  |
| --- | --- |
| **Surname, name:** |  |
| **NIF:** |  |
| **Date of birthday:** |  |
| **Address:** |  |
| **Postal code:** |  |
| **City:** |  |
| **Province:** |  |
| **Telephone:** |  |
| **E-mail:** |  |

**2.- Academic data**

|  |  |
| --- | --- |
| **Date PhD defence:** |  |
| **Does accredit extension due to sick/maternity leave?** | yes/no |
| **You have or had a Juan de la Cierva, Sara Borrell, Beatriu de Pinós or similar fellowships?** | yes/no |

**3.- Commitment**

Both the beneficiary and the responsible IP undertake to:

* Communicate to the IRBLleida Projects Office, via the address: innovacio@irblleida.cat , any communication and/or dissemination of the results of research projects, whether oral or written, in the form of an article, poster, clinical practice guide, etc., national or international, before this happens , so that it can **guarantee adequate protection of intellectual and/or industrial property**, if applicable.
* Consider the recommendations for the correct one identification of scientific production of the IRBLleida.
* To record the intramural aid of the IRBLleida, as well as the **institutional logo** in current format in any communication and/or publication.
* Present to the IRBLleida within a maximum period of two months after the end of the grant, via email to the addressprojects@irblleida.cat , a final report with the scientific objectives achieved that are the result of the research work of the beneficiaries during the period in which they have enjoyed the aid, as well as the relationship of publications and communications that have given rise to these results, including those in the process of publication and pending publication.

Lleida, \_\_\_\_ June de 2023.

The applicant Responsible IP

[Name, surname] [Name, surname]