

Fellowship Application

PERSONAL DATA

Title

Last Name

First Name

Middle Initial

Address for Correspondence

Telephone Numbers

	Home	_____
	Office	_____
	Fax	_____
	Mobile	_____
	e-mail	_____

Citizenship

Gender

Affiliation

Position

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Main Research Interests

I hereby submit my application for consideration as an EMAB

Signature **Date**/...../.....

Please return by e-mail to Dr Evangelos Tsoukatos at tsoukat@staff.teicrete.gr (CC: emrbi@unic.ac.cy):

1. A filled copy of this application
2. A recent CV of yours and
3. A list of your publications (if not included in item 2 above)