**Post-doctoral Fellowship**

**Application Form**

*This form should be typed in English.*

**Basic information**

**Personal information**

Sex:  Male  Female

Family name:

First name:

*Please write your name as it appears exactly in your passport.*

*For Japanese candidates, please write your name both in romaji and kanji.*

Nationality:

Date of birth:

Age:

**Contact information**

Address:

Country:

Phone number:

Email Address:

**Professional information**

Current affiliation:

Job position:

Work Address:

Country:

Dates:

Doctorate degree

Name of degree:

University:

Obtained or  expected

Date:

**Research work**

**Research Area**

Research area:

Research topic:

Major Field (Large Classification):

Law /  Politics /  Economics /  Management /  Sociology /  Psychology /

Education /  Area Studies /  Gender Studies /  Philosophy /  Art /  Literature /  Linguistics /  History /  Geography /  Anthropology /  Other

Major Field (Detailed Classification):

**Curriculum Vitae and Cover Letter**

*Please enclose a CV, including a list of publications, and a cover letter.*

**References**

*A European referee would be highly appreciated. Please enclose letters by your referees.*

Referee 1

Name:

Affiliation:

Job Position:

Phone number:

Email address:

Referee 2

Name:

Affiliation:

Job Position:

Phone number:

Email address:

**Fellowship Project**

**Presentation**

Title:

Abstract of the research project that you expect to develop during your fellowship, including the objectives and expected results, the research methods, the reasons why you want to do your research in Paris, the continuity with your past and current research work and whether or not there are specific individuals or laboratories you hope to seek out while in Paris (max 5 pages).

**List of Research Collaborators**

*Please indicate in the table below the collaborators based in Paris or Europe you have already identified or contacted.*

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| --- | --- | --- | --- |
| **Name and SURNAME** | **Affiliation** | **Job Position** | **Identified / Contacted** |
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