



## Selected programme

Go to the website ([www.oiv.int](http://www.oiv.int)) and identify the items of the Strategic Plan which are related to your research programme:

- 1 \_\_\_\_\_  
2 \_\_\_\_\_

Starting date:  
End date:

Length of time requested: \_\_\_\_\_ months.

Mr.  Mrs  Miss

Last name: \_\_\_\_\_ First name: \_\_\_\_\_

Maiden name: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Place of birth: \_\_\_\_\_

Nationality: \_\_\_\_\_ Country: \_\_\_\_\_

Do you have dual nationality: Yes  No  If so, which nationality: \_\_\_\_\_

Address: \_\_\_\_\_

Tel: \_\_\_\_\_ Cell phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Single  Married  Divorced  Other

Name of spouse: \_\_\_\_\_ Total number of children: \_\_\_\_\_

Nationality of spouse: \_\_\_\_\_ Profession of spouse: \_\_\_\_\_



Education:

Secondary school diploma obtained      Year: \_\_\_\_\_      Section: \_\_\_\_\_      Level: \_\_\_\_\_

Level	Title	Name of school / City	Year	Level
<input type="radio"/> +1				
<input type="radio"/> +2				
<input type="radio"/> +3				
<input type="radio"/> +4				
<input type="radio"/> Masters of research				
<input type="radio"/> Professional Master's degree				
<input type="radio"/> Other				

Current year level of studies:

M1     Master of Research     Professional Master's degree     Other

Diploma being prepared:

Title	Name of school	City	Year



Mother tongue: \_\_\_\_\_

Foreign languages	Read	Written	Spoken

Title of proposed study or research subject: \_\_\_\_\_

Name of studies or research of director: \_\_\_\_\_

Address: \_\_\_\_\_

Tel: \_\_\_\_\_ Cell phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Is the proposed subject matter of research part of a cooperation between schools, university departments or public or private research laboratories? Yes  No

If so, please indicate what type (ex: co-direction - co-tutorship, Erasmus exchange, agreement between schools, etc...)? And indicate the name and address of the research co-director.

\_\_\_\_\_  
\_\_\_\_\_

Other desired funding sources:

Organisations	Monthly amount	Date of request	Tick if granted	Date of response
	€		<input checked="" type="radio"/>	
	€		<input checked="" type="radio"/>	
	€		<input checked="" type="radio"/>	
	€		<input checked="" type="radio"/>	

If you have already received a grant:

Organisations	Monthly amount	From	To
	€		
	€		
	€		
	€		



Name of the referee 1: \_\_\_\_\_

Address: \_\_\_\_\_

Tel: \_\_\_\_\_ Cell phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Name of the referee 2: \_\_\_\_\_

Address: \_\_\_\_\_

Tel: \_\_\_\_\_ Cell phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Name of the referee 3: \_\_\_\_\_

Address: \_\_\_\_\_

Tel: \_\_\_\_\_ Cell phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current resources: Research stipend  Salaried employment   
Freelance incomes  Parental support  Other

If you have a job, job title: \_\_\_\_\_

Since:

Number of hours weekly: \_\_\_\_\_

Until:

Source of current revenue	Monthly amount	From	To
_____	€		
_____	€		
_____	€		



I attest to the accuracy of the information included on this form and I agree:

- To write reports (intermediary and final) at least in English. Another OIV official languages is optionnal.
- To submit intermediary and final report to the OIV.
- To present the results of the grant during the official OIV meeting.
- To authorise the OIV to publish and disseminate the said works or results while renouncing royalty payment.

Done at

on

Photo

Signature of candidate mandatory