



Application form for exchange visit

Munkatervi űrlap egyezményes tanulmányúthoz

Personal data

General information			
Title	Family name	First name	
Sex	male / female	Citizenship	
Date of birth (DD.MM.YYYY)		Place of birth	
Passport No.		Passport issued (DD.MM.YYYY)	
		Passport expires (DD.MM.YYYY)	

Private contact information			
Address			
Telephone		E-mail	

Workplace contact information			
Name of the institute	Alfréd Rényi Institute of Mathematics, Hungarian Academy of Sciences		
Address of the institute			
1053 Budapest, Reáltanoda u. 13-15, Hungary			
Telephone	(+36-1)	Fax	(+36-1) 4838333
E-mail			

Position held

Knowledge of languages

Brief statement of scientific career

Academic qualifications (years when attained)	Field of specialisation
Main recent publications (up to six)	
01)	
02)	
03)	
04)	
05)	
06)	

Programme of the visit

Country (city) to be visited	Name of partner organisation

Proposed date of arrival	Proposed date of departure	Duration of stay (in days)

Title of joint research topic or project no. (if any)

Scientific programme of the visit, description of the main tasks

Will you be accompanied by any dependent(s)? Please give details.

Institutes to be visited *

Name of the institute

Address

Name of host

E-mail

Period of stay at the institute

Name of the institute

Address

Name of host

E-mail

Period of stay at the institute

***If you have already contacted your host(s), please attach copies of the invitation letter(s) or e-mail(s).**

Date

Signature of applicant

Signature of head of institution or project coordinator