**INTERNATIONAL EXCELLENCE FELLOWSHIPS**

**Nomination Form**

The nomination must be written in English. All parts must be completed.

1. **Details of the KIT NOMINATING RESEARCHER**

|  |  |
| --- | --- |
| Last name |  |
| First name |  |
| Title, academic degree |  |
| Division of KIT (I-V) |  |
| Institute |  |
| Position, field of responsibility  | *Prof P from Institute XY/ Team Leader/ Institute Manager* |

1. **Details of the NOMINEE**

|  |  |
| --- | --- |
| Last name |  |
| First name |  |
| Title, academic degree |  |
| Doctorate completed in *(month, year)* |  |
| Nationality |  |
| Current Institution  |  |
| Current position / affiliation |  |
| Home address (street, postal code, city/town, country) |  |
| Contact phone number  |  |
| Contact email |  |

1. **DetailS OF THE PLANNED RESEARCH STAY**

**Timing of the stay**

|  |  |
| --- | --- |
| Duration:  | [ ]  2 months [ ]  3 months [ ]  4 months |
| Start of research stay: |  |
| End of research stay: |  |

**Exclusion of double funding**

[ ] I confirm that the nominee does not receive any funding from another institution for the same purpose. Examples of funding include remuneration from a KIT institute or working group, remuneration from the home institute, or support from other funding institutions.

1. **FURTHER INFORMATION REQUIrED (ANNEX)**

[ ]  Official nomination statement by the KIT nominating researcher (s. template)

 [ ]  Outlineof the joint research project (max. 3 pages, s. template)

 [ ]  CV of the nominee (max. 2 pages)

 [ ]  List of selected key publications (no more than 10 publications)

 [ ]  Copy of doctoral degree certificate or equivalent

 [ ]  Recommendation letter from an important collaborative partner or a researcher

 from the candidate’s own/home institution

**I herewith confirm that all facilities, equipment, and consumables necessary to carry out the research are available and that I am authorized to provide a workplace for the nominee.**

……………………………………………..……. …….………………………………………………………..

Place, date Signature of nominating researcher / host

……………………………………………………. ………………………………………………….…………..

Place, date Signature of Head of Institute

 *(if other than nominating researcher/ host)*