



INSTITUTO DE ASTROFÍSICA DE CANARIAS

ANNEX I

APPLICATION FORM

POSTDOCTORAL CONTRACT AT THE INSTITUTO DE ASTROFÍSICA DE CANARIAS

First name: _____ Last name: _____, ID/Passport no. _____, Date of birth: _____, Ph.D. date: _____, hereby applies to be considered for the POSTDOCTORAL RESEARCH CONTRACT AT THE IAC, as advertised by order of the Director General of the Instituto de Astrofísica de Canarias, and accordingly submits the requested documentation.

Address: Signature
Street:
Postal/ZIP code and city:
Country
Telephone:
Email: Date:, 2012

POSITIONS APPLIED FOR	POSITION TITLE	POSITION CODE
		POSTDOC PACS PN 12 BIS

I agreed that my personal data will be held in the Identity Data Verification System according to the Royal Decree 522/2006, 28 April, B.O.E. of 9 May. Law 15/1999 for the Protection of Personal Data).	YES	NO
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I, the undersigned, request admittance to the selection examinations referred to in the present application form. I declare the information provided herein to be correct, and that this application meets all the requirements necessary for admittance, as well as those specified in the aforementioned call for applications. I further undertake to provide documentary confirmation of all the information given in this application.

Signature,

Mr/Ms

Date:....., 2012

NOTE: Add a separate line for each post applied for.

DIRECTOR GENERAL OF THE INSTITUTO DE ASTROFÍSICA DE CANARIAS



INSTITUTO DE ASTROFÍSICA DE CANARIAS

**DOCUMENTATION ENCLOSED WITH THIS APPLICATION FORM
(TICK WHERE APPLICABLE)**

DOCUMENTS	
	CURRICULUM VITAE
	REPORT ON TECHNICAL AND RESEARCH ACTIVITY, AS WELL AS A STATEMENT CONCERNING THE SUITABILITY FOR THE JOB
	COPY OF YOUR PH.D. DEGREE OR A LETTER BY YOUR INSTITUTION CERTIFYING YOU POSSESS THE PH.D. DEGREE
	CERTIFICATE OF TRAINING IN OTHER CENTERS (IAC doctors only)
	ADDITIONAL DOCUMENTATION (Indicate nature)

NOTE: Add a line for each additional document attached.

DIRECTOR GENERAL OF THE INSTITUTO DE ASTROFÍSICA DE CANARIAS