

# NanoFar

European Doctorate in Nanomedicine and pharmaceutical innovation

# APPLICATION FORM

#### How to complete this application form?

This application must be completed **in English**. Applications completed in other languages will not be taken into consideration.

Mandatory fields are marked with \*.

Only completed and signed applications will be processed.

#### Have the scanned copies of the following documents prepared:

- Detailed Curriculum Vitae. Europass CV template is preferred (submit as: Name\_CV.pdf), Click here to create your Europass CV online by following a step-by-step process.
- Degrees (submit as: Name\_DegreeTitle.pdf),
- Letter of research statement (submit as: Name\_Research.pdf),
- Academic transcripts (submit as: Name Academic transcripts DiplomaTitle.pdf),
- English language certifications (when applicable), or written confirmation from institution that the degree was conducted in English (submit as: Name English.pdf),
- Signed letter of motivation (submit as Name\_motivation.pdf),
- Copy of Passport or ID document (submit as Name identity.pdf),
- Medical certificate (in case of special condition) (submit as: Name MedicalCertificate.pdf).

When all details have been completed, you will be able to send your application to us by the deadline indicated on the NanoFar website (midnight French time).

Please send the application (submit as Name\_application.pdf) and the needed documents with the filenames required by e-mail, with as subject:

#### FamilyName\_Firstname\_NanoFarApplication\_2012

(and as subject FamilyName\_Firstname\_Application\_2012\_2 if you need to send more than one email), to the following address:

#### contact@erasmusmundus-nanofar.eu

After the deadline you will no longer be able to submit your application.

#### This application form consists on the following parts:

PART 1 - PERSONAL DATA

PART 2 - ACADEMIC RECORDS / EDUCATION

PART 3 - ACADEMIC BACKGROUND AND SKILLS

PART 4 - YOUR DOCTORAL PROJECT

PART 5 - REFERENCES

PART 6 - ADDITIONAL INFORMATION





# **PART 1 - PERSONAL DATA**

1-1 Personal details
Family Name*:
First Name*:
Gender*: Male Female
Date of birth (dd/mm/yyyy)*:
City of Birth: Country of Birth*:
Nationality*:
Marital status: Single Married Registered partnership
No. of children:
Identity document (for EU applicant only):
Passport number: Expiry date (dd/mm/yyyy):
1-2 Current address details
Street*:
Postal Zip Code*:
City*:
Country*:
Telephone #1 (home number): (country code – area code – phone number)
Telephone #2 (mobile number): (country code – area code – phone number)
e-mail address #1*:
e-mail address #2:
The candidate undertakes to communicate each/any change in residence or address within 7 days of change.  It is very important that we get a correct email address because we will contact you mostly by email. In order for you to be certain that you remain a candidate for the programme, you need to check your email regularly and keep us updated on changes in your email address.
1-3 Permanent Personal Address (if different from your current address)
Street:
Postal Zip Code:
City:
Country:
Phone number: (country code – area code – phone number)













# **PART 2 - ACADEMIC RECORDS / EDUCATION**

2-1 Second Degree (MSc)
2-1-1 Master
College or University*:
City*:
State (if applicable):
Country*:
Degree obtained*:
In Discipline*:
Date awarded/expected (dd/mm/yyyy)*:
Date attended, from (mm/yyyy to mm/yyyy)*:
Master Thesis advisor:
Department:
Title of Master thesis* ( <i>Please provide a running title in case the work is in progress</i> ):
provide a preliminary abstract in case your work is in progress. Max. 500 characters).
Total Grade (out of how many students):  2nd degree Classification:  Publications related to this project ( <i>Please list your publications related to this period. Max. 500 characters</i> )













# 2-1-2 Below Master

Please list earlier enrolment degree awarded.
College or University*:
City*:
State (if applicable):
Country*:
Degree obtained*:
In Discipline*:
Date awarded (dd/mm/yyyy)*:
Date attended, from (mm/yyyy to mm/yyyy)*:
2-2 Other Higher Education title, specialization etc. (MD, VetD, Pharmacist, Engineer etc.)
Institution (full name):
City:
State (if applicable):
Country:
Official title and subject of the degree:
Official minimum duration to obtain degree (months):
Starting date (mm/yyyy):
Graduate date (expected) (mm/yyyy):
Total Grade (out of how many students):
2-3 Courses and Awards
Please indicate below the specialized courses you have followed, and the awards/prizes/honors you have obtained. (max. of 750 characters)













#### PART 3 - ACADEMIC BACKGROUND AND SKILLS

-1 Experience in Nanor	medicine				
Please specify fields, methods etc. (max. of 1.000 characters)					
lease indicate below the	 e most significant cou	 urses or summer s	 chools vou	have attende	d
ourses: (max. of 500 ch	_	1363 Or Summer S	criodio y ca	Have alleriae	u.
-2 Language Skills					
Il non-native speakers					
nglish as a foreign lang	juage (IELTS with m	inimum score of (	6, or equiv	alent tests to	level
2 or higher).	eroficional toot and th	vic application cha	uld not ove	sand two years	_
he period between the p	Mondiency test and th	iis application sno	ulu Hot ext	ceed two years	S.
xemption from language	e test: Native speak	ers and non-nativ	e speaker	s with an MS	c/MA
egree from an univer					
onfirmation from the univ					
TOEFL Test	Date:		Score:		_
IELTS Test	Date:		Score:		
	Date:		Score:		_
IBT Test	1 1 12TD: 1	1	1 1 1 1 1 1 1 1 1		
Other:	Date:		000.0.		
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# **PART 4 - YOUR DOCTORAL PROJECT**

# 4-1 NanoFar projects - Application choice

Please indicate and rank by preference order a maximum of 3 projects for which you apply (number and title).

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A detailed description

(A detailed descrip	otion of the projects is available on the NanoFar Website, How to apply).
Subject 1:	
Subject 2:	
Subject 3:	
Please indicate the	reasons for your choice and the reasons for the ranking (max. 1000 characters)*:













#### **PART 5 - REFERENCES**

Please list two academics to write a letter of recommendation.

These letters are to be printed on letterhead and signed, and then sent in a separate envelope by the persons recommending the candidate, to the following address:

**NanoFar Consortium** C/o Frank Boury **Presidence - University of Angers International Relation Office** 40 rue de Rennes - BP 73532 49035 Angers cedex 01 **FRANCE** 

and also send by email to contact@erasmusmundus-nanofar.eu

We welcome references giving pertinent information about the ability and capacity of the fellow to perform doctoral studies in nanomedicine fields.

First re <u>ference:</u>		
Name*:		
Title:		
Institution*:		
Telephone*:		
E-mail address*:		
URL of his/her institution*:		
Second <u>reference:</u>		
Name*:		
Title:		
Institution*:		
Telephone*:		
E-mail address*:		
URL of his/her institution*:		













# **PART 6 - ADDITIONAL INFORMATION**

6-1 Applicants with disabilities	
NanoFar applies a policy of equal opportunities fo	or people with special needs.
Do you have any physical disability: Yes 🔲 🛮 No	· 🗆
f yes, please enclose a medical certificate.	
6-2 Mobility / Erasmus Mundus participation	
In the last 5 years, have you spent more than (studies, work etc.) in any of the EU member Iceland, Liechtenstein, Norway, Croatia, FYROM No Yes please specify the country:	states or in Switzerland or in Balkan or in
Have you already benefited from an Erasmus Mu No	ndus fellowship in the past?
Have you already applied to other Erasmus Mundus No  ☐ Yes ☐ specify:	Doctorate for the academic year 2012-2013 ?
NOTE: Students who already benefited from an past are not eligible for a new one. Students Erasmus Mundus Joint Doctorate Programs (E Students who apply for more than 3 EMJDs w	may apply for a maximum of 3 different MJD) starting in the same academic year.
C 2 How did you loarn about NanoFar	
6-3 How did you learn about NanoFar	7 1 1 11 11 1 - L L A -
Please let us know how you learnt about this pro	,
☐ NanoFar website [	Contact with a partner university
☐ Advertisement in magazine/paper [	☐ Education exhibition
☐ EACEA website [	Friends, other students
☐ Brochure/Flyer [	Other, specify:
6-4 Have you already made contact with poter consortium?	ntial supervisors in the NanoFar
No ☐ Yes ☐	
If yes, please provide the name and institute of th	e contact persons
6-5 Others additional information (if applicable	e)















# **CHECKLIST**

I have	e included the following documents with my application:
	Detailed / Europass Curriculum Vitae
	Degrees
	Letter of research statement
	Academic transcripts
	English language certifications (when applicable)
	or
	Written confirmation from institution that the degree was conducted in English
	Signed letter of motivation
	Reference letters of two academics (send by post and email by the academics)
	Copy of Passport or ID document
	Medical certificate (in case of special condition)











# **Declaration by the Candidate**

I ask to be admitted to the selection to participate in the NanoFar Erasmus Mundus Doctorate.

I certify that:

- I have read all application instructions and I certify that the information and supporting documents I have provided are accurate, true and correct. I understand that misrepresentation may be a cause for cancellation of my admission or appointment;
- Submission of this application in no way guarantees my right to participate in the NanoFar Program;
- If I benefit from an EMJD fellowship, I will not benefit from other Community grants while carrying out my Erasmus Mundus doctoral activities;
- I certify that I have not any criminal convictions (excluding monitoring offences for which a fine and/or 3 penalty points were imposed);

I agree that this application and accompanying documents will remain within the NanoFar Consortium, and I authorize the NanoFar Consortium to treat data provided to the purpose of the candidates selection for the NanoFar program.

Submitted material will not be returned to me.

Place and Date:	
Name (Family, Fir	st):
Signature:	







