**APPLICATION FORM**

**In the selection procedure for Associated Partner to the Centre of Excellence in the field of the personalization of transplantation of organs, tissues and cells under Component 3. Industry for Healthy Living and Biotechnology, Procedure BG05M2OP001-1.001 Creation and Development of Centres of Excellence of the Science and Education for Smart Growth Programme 2014 -2020**

**I, the undersigned**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

(personal, second, family name of the physical person or the personal representing the legal entity)

Personal No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, permanent address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

tel.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ , fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, e-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Identity card No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_ issued on \_\_\_\_\_\_\_\_by\_\_\_\_\_\_\_\_\_\_\_\_

In my capacity of official representative of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

 (official name of the legal entity),

Unified Identification Code (EIC) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Internet address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, contact person \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

**DEAR SIR/ MADAM,**

With reference to a published call for applications for Associated Partners to the Centre of Excellence in the field of the personalization of transplantation of organs, tissues and cells I declare that in my capacity of legal representative of

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**,

(official name of the legal entity)

with object of business: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 (object of business according to the statutes of the organization)

**we are interested to participate in the project as an Associated Partner.**

If the project proposal is successful, we will be ready to support the Centre of Excellence’s activity by:

|  |  |
| --- | --- |
| **FIELD OF SUPPORT**  | **WAY OF SUPPORT** |
| Supporting the building of sustainable business partnerships and execution of joint projects with private investors |  |
| Complementing the innovation capacity |  |
| Ensuring access to pan-European research infrastructure  |  |
| Complementing the expertise of the project research team  |  |
| Improving the use of new infrastructure  |  |
| Supporting the transfer of research results  |  |
| Mitigating a risk for the functioning of the Centre of Excellence |  |
| Supporting the mobility plans of the team of the Centre of Excellence |  |
| Supporting the international activity of the Centre of Excellence |  |
| Other (please give details) |  |

As integral part of the present Application Form, please find enclosed:

1. A Declaration Confirming the Absence of Conflict of Interest for Associated Partners (Annex IIa)

|  |  |
| --- | --- |
| **DATE:**  | **SIGNATURE AND STAMP:** |
|  |  |
|  | (NAME) |
|  | (POSITION) |