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**PROGRAMME OF COORDINATED RESEARCH ACTIVITIES**

Webpage: <https://www.iaea.org/services/coordinated-research-activities>

### PROPOSAL FOR RESEARCH AGREEMENT

***Please send your proposal for research AGREEMENT to*** research.contracts@iaea.org

***Only duly filled and signed proposals will be processed.***

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| 1. **CODE OF THE COORDINATED RESEARCH PROJECT (CRP) UNDER WHICH THE RESEARCH AGREEMENT SHOULD BE PLACED:**
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| 1. **TITLE OF THE COORDINATED RESEARCH PROJECT (CRP) UNDER WHICH THE RESEARCH AGREEMENT SHOULD BE PLACED:**
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| 1. **TITLE OF THE PROPOSED RESEARCH AGREEMENT (should reflect the proposed research work):**

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| 1. **CONTRACTING INSTITUTION:**

**(The contracting institution can ONLY be an institution with independent legal personality)**Inst. Name:      Street:      P.O. Box:      Postal Code:      City:      Region/District:      Country:      Tel.:      Fax:      Email:       | 1. **IMPLEMENTING INSTITUTION:**

**(Where the research is performed - can be the contracting institution or a sub-institution, a branch of the main institution or a laboratory)**If not the contracting institute, please provide:Inst. Name:      Street:      P.O. Box:      Postal Code:      City:      Region/District:      Country:      Tel.:      Fax:      Email:       |
| 1. **SUMMARY OF PROPOSED RESEARCH:**

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| 1. **PROJECT PERSONNEL (if space provided below is insufficient, please attach additional sheets)**
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| 1. ***Chief Scientific Investigator (CSI)***

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| **Family Name:** | **First Name:** | **Gender: M/F** | **Date of birth****yyyy-mm-dd:** | **Nationality:** |
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| **Telephone (office):** | **Fax (office):** | **Email (office):** | **Position held:** |
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| **Academic degree:** | **Subject:** | **Institution:** | **From:** | **To:** |
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Related scientific experience:      Recent publications related to the project (within the past 2-3 years):       |
| 1. ***Secondary CSI (if applicable)***

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| **Family Name:** | **First Name:** | **Gender: M/F** | **Date of birth:****yyyy-mm-dd** | **Nationality:** |
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| **Telephone (office):** | **Fax (office):** | **Email (office):** | **Position held:** |
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Related scientific experience:       |
| 1. ***Main additional Scientific Staff***

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| --- | --- | --- | --- | --- |
| **Family Name:** | **First Name:** | **Gender: M/F** | **Date of birth:****yyyy-mm-dd** | **Nationality:** |
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| **Telephone (office):** | **Fax (office):** | **Email (office):** | **Position held:** |
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| **Academic degree:** | **Subject:** | **Institution:** | **From:** | **To:** |
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Related scientific experience:       |
| 1. ***Main additional Scientific Staff***

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| --- | --- | --- | --- | --- |
| **Family Name:** | **First Name:** | **Gender: M/F** | **Date of birth:****yyyy-mm-dd** | **Nationality:** |
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| **Telephone (office):** | **Fax (office):** | **Email (office):** | **Position held:** |
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| **Academic degree:** | **Subject:** | **Institution:** | **From:** | **To:** |
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Related scientific experience:       |
| 1. **PROPOSED RESEARCH PROJECT (if space provided below is insufficient, please attach additional sheets)**
2. ***Description of Research Objectives and anticipated outcomes***

     1. ***Scientific Scope of the Project (scientific problems to be addressed with overall and specific objectives)***

     1. ***Detailed Work Plan for the first year (including proposed methods or techniques)***

     1. ***Detailed Work Plan for the second year (including proposed methods or techniques)***

     1. ***Detailed Work Plan for the third year (including proposed methods or techniques)***

     1. ***Expected Outputs***

     ***Please note that as a condition of an IAEA Research Agreement, all information, data and research results gathered during the course of the CRP are made freely available to other participants and other relevant authorized parties.*** |
| 1. **PLEASE LIST FACILITIES (building, equipment - including type and name of manufacturer, and materials) PRESENTLY AVAILABLE WHICH WOULD BE USED FOR THE PROJECT**

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| 1. **PROPOSED COMMENCEMENT DATE**
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| 1. **SIGNATURES**

**CHIEF SCIENTIFIC INVESTIGATOR** Name (in capitals)       Signature Date      **HEAD OF INSTITUTE** Name (in capitals)       Signature Date       |