

Proposal Submission Form

European Research Council



EUROPEAN COMMISSION
7th Framework Programme on
Research, Technological
Development and Demonstration

A1:
Summary

Proposal Number

000000

Proposal Acronym

GENERAL INFORMATION ON THE PROPOSAL

Type of project

Support for Frontier Research - ERC Synergy Grant

Call identifier

ERC-2012-SyG

Topic code

Proposal Title (max. 180 char. -
Non Confidential Information)

Duration in months

ERC Keyword 1

ERC Keyword 2

ERC Keyword 3

ERC Keyword 4

ERC Keyword 5

ERC Keyword 6

ERC Keyword 7

ERC Keyword 8

ERC Keyword 9

ERC Keyword 10

Free Keywords

Abstract (min. 100 char., max. 2000 char. - Non Confidential Information)

In order to best review your application, do you agree that the above
non confidential proposal title and abstract can be used, without
disclosing your identity, when contacting potential reviewers ?

REVIEWERS REQUESTED TO BE EXCLUDED (3 REVIEWERS MAX.)

You may indicate the names of up to three reviewers to be excluded from reviewing the proposal. Please indicate one of the following as the reason for exclusion - 1: Direct scientific rivalry; 2: Professional hostility; 3: Similar situation which would impair or put in doubt the objectivity of the potential evaluator.

Family Name	First Name(s)	Institution	City	Country	Webpage	Reason for exclusion
-	-	-	-	-	-	-
-	-	-	-	-	-	-
-	-	-	-	-	-	-

How many principal investigators (including the corresponding principal investigator) intend to participate in this proposal?

The following information on the Principal Investigators is used to personalise the communications to applicants and the Evaluation Reports. Please make sure that the personal information is accurate and please inform the ERC in case any of the e-mail addresses change.

THE CORRESPONDING PRINCIPAL INVESTIGATOR - MANDATORY

Family Name	<input type="text"/>		
Family Name at Birth	<input type="text"/>		
First Name(s)	<input type="text"/>		
Title	<input type="text"/>	Gender	<input type="text"/>
Nationality	<input type="text"/>	Country of residence	<input type="text"/>
Date of Birth	<input type="text"/>	Country of Birth	<input type="text"/>
Town of Birth	<input type="text"/>		

Contact address

Current Organisation name (if applicable)	<input type="text"/>
Current Department/Faculty/Institute/ Laboratory name (if applicable)	<input type="text"/>

Street Name	<input type="text"/>	Number	<input type="text"/>
Town	<input type="text"/>	Postal Code/Cedex	<input type="text"/>
Country	<input type="text"/>	Phone 1	<input type="text"/>
Phone 2	<input type="text"/>	Fax	<input type="text"/>
E-mail 1	<input type="text"/>		
E-mail 2	<input type="text"/>		

Academic training :

Date of first PhD (or PhD equivalent) award (DD/MM/YYYY)

-

PRINCIPAL INVESTIGATOR 2 - MANDATORY

Family Name

Family Name
at Birth

First Name(s)

Title

Gender

Nationality

Country of
residence

Date of Birth

Country of
BirthTown of
Birth

Contact address

Current Organisation name (if applicable)

Current Department/Faculty/Institute/

Laboratory name (if applicable)

Street Name

Number

Town

Postal Code/Cedex

Country

Phone 1

Phone 2

Fax

E-mail 1

E-mail 2

Academic training :

Date of first PhD (or PhD equivalent) award (DD/MM/YYYY)

-

PRINCIPAL INVESTIGATOR 3

Family Name

-

Family Name
at Birth

-

First Name(s)

-

Title

-

Gender

Female

Nationality

-

Country of
residence

-

Date of Birth

-

Country of
Birth

-

Town of
Birth

-

Contact address

Current Organisation name (if applicable)

-

Current Department/Faculty/Institute/

Laboratory name (if applicable)

-

Street Name

-

Number

-

Town

-

Postal Code/Cedex

-

Country

-

Phone 1

-

Phone 2

-

Fax

-

E-mail 1

-

E-mail 2

-

Academic training :

Date of first PhD (or PhD equivalent) award (DD/MM/YYYY)

-

PRINCIPAL INVESTIGATOR 4

Family Name

-

Family Name
at Birth

-

First Name(s)

-

Title

-

Gender

Female

Nationality

-

Country of
residence

-

Date of Birth

-

Country of
Birth

-

Town of
Birth

-

Contact address

Current Organisation name (if applicable)

-

Current Department/Faculty/Institute/
Laboratory name (if applicable)

-

Street Name

-

Number

-

Town

-

Postal Code/Cedex

-

Country

-

Phone 1

-

Phone 2

-

Fax

-

E-mail 1

-

E-mail 2

-

Academic training :

Date of first PhD (or PhD equivalent) award (DD/MM/YYYY)

-

I acknowledge that I am aware of the eligibility requirements for applying for the ERC Synergy Grant as specified in the ERC Work Programme 2012, and certify that, to the best of my knowledge, my application is in compliance with all these requirements.

I understand that my proposal may be declared ineligible at any point during the evaluation or granting process if it is found not to be compliant with these eligibility criteria.

Do you allow the ERC to disclose the evaluation result (score and ranking range) together with your names, non-confidential proposal title and abstract, proposal acronym, host institution and your contact details to the relevant national funding agency in case your proposal is recommended for funding at the end of the evaluation process (for example if requested by national funding agencies interested in funding your proposal)?

In addition, for purposes related to monitoring, study and evaluation foreseen by the Ideas Work programmes, the ERCEA may need that submitted proposals be processed by third parties (Contractors and/or beneficiaries of Coordination and Support Actions. The subject and required data of the processing are identified in the Ideas Work Programmes.) in compliance with the requirements of Regulation (EC) No 45/2001 of the European Parliament and of the Council (For details, please refer to the Specific Privacy Statement on Grants published on the ERC website).

yes

Do you give your consent that the content of your proposal, including your personal data, be processed by such third parties? This consent is not requested on a compulsory base and it is only provided on a voluntary base. Refusal to give the individual consent does not affect the evaluation process.

Ethical Issues : Does the proposal raise any ethical issues, as specified in the Ethical Issues table at the end of Part B section 1 (B1)?

no

THE AUTHORISED LEGAL REPRESENTATIVE OF THE HOST INSTITUTION

The person who can commit the Host Institution according to the requirements of the applicable ERC Model Grant Agreement (C(2007)1625, 16/04/2007).

Family Name			
First Name(s)			
Title		Gender	
Position in the Host Institution			
Contact address of the Host Institution and contact person for the ERC			
Organisation legal name			
Office/Section/Department/Faculty name			
Family Name (contact person)			
First Name(s) (contact person)			
Street name		Number	-
Town		Postal Code/Cedex	
Country		Phone 1	
Phone 2	-	Fax	-
E-mail 1			
E-mail 2			