**CERTIFICATE**

**This Certificate is issued in connection with the recruitment procedure for applicants for a NAWA scholarship within the framework of the POLONISTA Programme for Students and Researchers.**

1. **DATA OF THE RESEARCHER-APPLICANT**

|  |  |
| --- | --- |
| Scientific title |  |
| Name |  |
| Date of birth |  |
| Passport/identity document number |  |

1. **DETAILS OF THE HOST CENTRE**

|  |  |
| --- | --- |
| **Name of host establishment** |  |
| Unit where the Applicant intends to carry out the fellowship activities (e.g. faculty, institute, etc.). |  |
| **Details of the person authorised to contact NAWA regarding scholarship recipients:** |
| name |  |
| e-mail address |  |
| phone number |  |
| **Details of university unit/foreign relations person:** |
| name |  |
| name |  |
| e-mail address |  |
| phone number |  |
| **Details of the Applicant's supervisor:** |
| academic title |  |
| name |  |
| e-mail address |  |
| phone number |  |

1. **AGREEMENT OF THE HOST CENTRE TO CARRY OUT THE RESEARCH PROJECT**

It is certified that you \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ have been granted permission to carry out the research project entitled. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 as \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_part of the POLONISTA NAWA Scholarship Programme for students and researchers.

The project will run from \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

1. **INDICATIVE WORK PLAN OF THE APPLICANT**
2. **EXTENT OF SUPPORT BY THE HOST CENTRE**
3. **NOTES:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date and signature of supervisor Date and signature of authorised person

Seal