



HELLENIC REPUBLIC

**National and Kapodistrian
University of Athens**

EST. 1837



SCHOOL OF HEALTH SCIENCES

School of Medicine

APPLICATION FOR POSTDOCTORAL RESEARCH

| | | | | | | | | | |
|-----------------|--------------------|--|---------|-------------|--|---------|--|-----------|--|
| TO: | School of Medicine | | | | | | | | |
| Last name: | | | | First name: | | | | | |
| Father's name: | | | | | | | | | |
| Mother's name: | | | | | | | | | |
| Date of birth: | | | | | | | | | |
| Place of birth: | | | | | | | | | |
| ID number: | | | | | | | | | |
| Adress: | | | street: | | | number: | | zip code: | |
| ηmail: | | | | | | | | | |

1. DEGREES

UNDERGRADUATE STUDIES (Bachelor)

| UNIVERSITY | DEPARTMENT | DATE | GRADE |
|------------|------------|------|-------|
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| | | | |

POSTGRADUATE STUDIES (Master & PhD)

| UNIVERSITY | DEPARTMENT | DATE | GRADE |
|------------|------------|------|-------|
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2. DINSTINCTIONS/SCHOLARSHIPS

3. BACHELOR THESIS/MASTER THESIS/PhD THESIS

| TYPE OF THESIS | TITLE | SUPERVISOR | GRADE |
|----------------|-------|------------|-------|
| | | | |
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4. PUBLICATIONS

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5. RESEARCH/PROFESSIONAL ACTIVITY

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6. FOREIGN LANGUAGES

| LANGUAGE | CERTIFICATION/CEFR LEVELS |
|----------|---------------------------|
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Attached documents:

1. Copy of University degree or Diploma of the country or equivalent recognized institutions abroad.
2. Copy (if available) of a Master's degree from a local University or equivalent from a recognized institution abroad (based on the list of recognized departments of foreign institutions by DOATAP (Hellenic National Academic Recognition and Information Center)
3. Copy of PhD degree from a local University or equivalent from a recognized institution abroad (based on the list of recognized departments of foreign institutions by DOATAP (Hellenic National Academic Recognition and Information Center)
4. Detailed CV
5. 2 letters of recommendation, either from University Professors, or from A', B' or C' level Researchers, holders of PhD degree, from a recognized domestic or foreign Research Center
6. List of scientific papers
7. Postdoctoral research protocol by the postdoctoral candidate and the proposed supervisor
8. Letter of interest in supervision from the Faculty member of the School Medicine to the Assembly of the School Medicine
9. Responsible declaration of the candidate stating that the submitted certificates are genuine.

Athens, .../.../...

(signature)



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SCHOOL OF HEALTH SCIENCES
School of Medicine

POSTDOCTORAL RESEARCH PROTOCOL

LAST NAME:

FIRST NAME:

DEPARTMENT:

TITLE:

SUPERVISOR:

ABSTRACT

1. Literature review
2. Hypothesis/objectives
3. Research methods
4. Timetable
5. Key words (2-5)

Athens, .../.../...

The candidate

(name)

(signature)

I certify that I am aware of and approve the above Postdoctoral Research Proposal

The Supervisor

(name/status)

(signature)