

Please complete this form and send it back by email to: application-ro@biocodexmicrobiotafoundation.com

**Call for projects 2025**

**Digestive microbiota: pathogenetic and therapeutic implications**

**APPLICATION FORM**

**ROMANIA**

**PROJECT TITLE**

PROJECT TITLE:

**PROJECT LEADER**

FIRST NAME\*:

LAST NAME\*:

POSITION\*:

TITLE\*:

MAIN DISCIPLINE\*:

CELL PHONE or TELEPHONE\*:

E-MAIL\*:

CV: Please attach file to your email (include publications from last 5 years/ max. 20 publications and bold the three best publications), maximum length of CV is 3 pages.

PhD or DOCENT YEAR:

**ORGANIZATION**

NAME\*:

LEGAL STATUS\*:

SERVICE/ CLINIC\*:

STREET ADDRESS\*:

CITY\*:

ZIP/POSTAL CODE\*:

COUNTRY\*:

**GRANT MANAGING ORGANIZATION   
(IF DIFFERENT FROM ABOVE)**

***IF NOT APPLICABLE, PLEASE SKIP TO NEXT STEP***

NAME\*:

JURIDIC STATUS\*:

STREET ADDRESS 1\*:

CITY\*:

ZIP/POSTAL CODE\*:

COUNTRY\*:

**PROJECT**

SCIENTIFIC CONFIDENTIAL SUMMARY \* (1 page, Arial 10, spacing 1)

Please provide here a summary of your project in English.

PROJECT TITLE:

PROJECT SUMMARY :

**PROJECT DESCRIPTION**

(3 pages, Arial 10, spacing 1)

PROJECT TITLE\*:

ACRONYM\*:

Please describe the following topics:

GENERAL CONTEXT OF THE PROJECT\*, OBJECTIVES\*, METHODOLOGY\*, EXPECTED RESULTS\*:

ANY NECESSARY ADMINISTRATIVE AUTHORIZATION (Ethics committee approval day, registry information etc.): attach file to your email

**MAIN INVESTIGATOR TEAM:**

**PERSON 1**

FIRST NAME\*:

LAST NAME\*:

POSITION\*:

TITLE\*:

MAIN DISCIPLINE\*:

E-MAIL\*:

**PERSON 2**

FIRST NAME\*:

LAST NAME\*:

POSITION\*:

TITLE\*:

MAIN DISCIPLINE\*:

E-MAIL\*:

**PERSON 3**

FIRST NAME\*:

LAST NAME\*:

POSITION\*:

TITLE\*:

MAIN DISCIPLINE\*:

E-MAIL\*:

**PERSON 4**

FIRST NAME\*:

LAST NAME\*:

POSITION\*:

TITLE\*:

MAIN DISCIPLINE\*:

E-MAIL\*:

**PARTNER TEAMS 1 (do not name more than max. 4 teams)**

NAME OF ORGANIZATION/ CLINIC\*:

ORGANIZATION LOCATION\*:

NAME OF MAIN CONTACT\* (for example Principal Investigator):

E-MAIL\*:

**PARTNER TEAMS 2**

NAME OF ORGANIZATION/ CLINIC\*:

ORGANIZATION LOCATION\*:

NAME OF MAIN CONTACT\* (for example Principal Investigator):

E-MAIL\*:

**BIBLIOGRAPHY**

(1 page, Arial 10, spacing 1)

**BUDGET**

(1 page, Arial 10, spacing 1)

**TIME SCHEDULE**

(1 page, Arial 10, spacing 1)