To be issued on a letterhead of the Host Institution

**The invitation from the Host institution in the fellowship programmes**

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| --- | --- |
| First and last name of the Applicant: |  |
| Title of the proposal: |  |
| Duration and start date of stay: |  |
| Name and data of the Host institution: |  |
| Collaborating Unit within Host Institution: |  |
| Person authorized to represent the Host institution: |  |
| Person responsible for Applicant’s visit, the coordination of the planned activities and the supervision of the Fellowship progress (the Supervisor): |  |
| Expected impact of the Applicant’s visit on the development of the host institution or other benefits for it / scope of the host institution support: |  |
| **The Programme does not provide any financial resources for the institution (indirect money) or for any research e.g. materials, reagents, scientific equipment, travel or conference expenses, publication costs, etc. Such costs should be covered from other sources.** | |
| Information on sources of financing if the planned activities and dissemination of results require additional costs: |  |

**Declaration of the Supervisor**

I hereby declare that I have read the final version of the application and confirm the willingness to host the Applicant to enable him/her the implementation of the project in its entire substantive scope described in the application. I also confirm that I will:

* supervise the progress of the project and provide the Polish National Agency for Academic Exchange with the Supervisor’s opinion on Applicant’s performance and with the evaluation questionnaire referring to impact of the stay on the hosting institution, according to the Programme Regulations;
* inform about any changes or problems, including a possible dispute with the host institution, that threaten or may threaten the proper implementation of the planned activities;
* support the Fellow in disseminating the results of the research carried out over the course of the scholarship.

Supervisor\*

date and signature

**Declaration of the host institution**

Acting on behalf of the Institution I hereby confirm the willingness to host the Applicant to enable him/her the implementation of the project in its entire substantive scope described in the application. I also confirm that the host institution will:

* supervise the progress of the project and provide the Polish National Agency for Academic Exchange with the Supervisor’s opinion on Applicant’s performance and with the evaluation questionnaire referring to impact of the stay on the hosting institution, according to the Programme Regulations;
* provide administrative assistance (by e.g. issuing special permissions, licenses, special insurance – if necessary) and support the Fellow during the relocation and stay;
* provide the Fellow with the conditions for carrying out his/her research and/or other activities, including providing office/laboratory space and research equipment necessary for the completion of the research or other activities.

Person authorized to represent the Host Institution\*\*

date and signature

\* The document should be issued with the current date and signed by hand or with qualified electronic signature. No pasted signatures are allowed.

\*\* The invitation should be issued with the current date and signed by the person authorised to represent the Host institution. The document should be signed with qualified electronic signature or hand written signature. No pasted signatures are allowed.