Attachment no 2 to the Programme Regulations

INFORMATION ON THE COMMITMENTS OF THE HOST INSTITUTION

First and last name of the Applicant:

Title of the proposal:

Duration of the stay in Poland:

Name of the host institution:

Person authorized to represent the host institution:

The Supervisor:

Declarations of the host institution

Acting on behalf of the Institution I hereby declare that I am familiar with the proposal 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 submitted to MSCA-IF. I also confirm that the host institution will:

* supervise the progress of the scholarship 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 services (like issuing special permissions, licenses, special insurance – where necessary) and support the fellow during the relocation to and stay in Poland;
* 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;
* support the fellow in disseminating the results of the research carried out over the course of the scholarship.

Supervisor

date and signature

Person authorized to represent the Host Institution

date and signature