Attachment no 2 to the Announcement

 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:

Person responsible for Applicant’s visit, the coordination of the planned activities and the supervision of the scholarship progress (the Supervisor):

Brief description of the planned activities and dissemination of results, proposed timetable of activities at the host institution:

Information on sources of financing if the planned activities and dissemination of results during the Scholarship (like materials, scientific equipment, travel or conference expenses, publication costs, etc.) require additional costs:

Expected impact of the Applicant’s visit on the development of the host institution or other benefits for it:

Declarations of the host institution

Acting on behalf of the Institution I hereby declare that I made myself 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. 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