Date: Reg. No.:



THE SAHLGRENSKA ACADEMY INSTITUTE OF NEUROSCIENCE AND PHYSIOLOGY

Application for a scholarship at postdoctoral level	
at the Departmen	ıt of
Research subject	/project
Your name in ful	l
Swedish persona	l identity number, coordination number or date of birth:
Address	
Have you receive	ed a scholarship from the University of Gothenburg before?
If yes, When? Fo	or what period?
•	mployed by the University of Gothenburg before, ? For what period?
Please enclose	CV including list of publications Letter of motivation
	PhD certificate (PhD completed within three years of application deadline) References