



**THE SAHLGRENSKA ACADEMY
INSTITUTE OF MEDICINE**

Application for a scholarship at postdoctoral level

at the Department of

Research subject/project

.....
Your name in full

Swedish personal identity number, coordination number or date of birth:

.....
Email address

.....
Current home address

.....
Have you received a scholarship from the University of Gothenburg before?

.....
If yes, When? For what period?

.....
Have you been employed by the University of Gothenburg before,
At what institute? For what period?

Please enclose CV
 Letter of motivation
 PhD certificate (PhD completed within three years of the application deadline)