



**THE SAHLGRENKA 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:

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Email address

Current home address

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

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If yes, When? For what period?

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

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