



**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:

.....

Email address .....

Current home address .....

.....

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)