Proposal Submission Form



Specific Support Action

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Proposal Nr	000000		oposal A	Acronym						Participant Nr			1	
Information on Participants														
Participant organ														
Org. legal name International Centre for Theoretical Physics														
Org. short name	ICTI	P												
Legal address									_					
PO Box 586		Po	stal Code	3410	00	Cede	эх Г-							
Street Name and Nr Strada Costie					-									
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Activity Type	Others	<u>,I</u>		Legal Stat	tus	INO	Т							
If "PRC" please	specify		-			<u> </u>								
Is the organisation a Small or Medium-Sized Enterprise (SME)?														
Any dependenci							t(s)?				No			
If yes, part.nr short name				-				aracter of d	deper	ndenc				
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Person in charge Title				Prof			Sex Femal							
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First name(s)	Hilda A.	/I abar	- 4											
Department/Fac	•													
ICTP Donation Pro	ICTP Donation Programme and Condensed Matter Group													
Address (if different from above)														
PO Box - Postal Code - Cedex -														
Street Name and Nr -														
Town -						Cour	ntry							
Phone1 +39040	hone1 +390402240342				Phone2 -				Fax +390402240633					
e-mail ce	erdeira@id	ctp.trieste.it												
Previously submitted similar proposals or signed contracts? No														
if yes,														
programme	-													
names&year														
If yes, proposal of	or contra	ct number	(s)	-										