

Ej inlämnad

Applicant

Social security number

--

First name

--

Last name

--

Title and position

--

Year of doctorate

--

E-mail

--

Phone number

--

Workplace address

--

Zip code

--

City

--

Country

--

Co-applicant

Supervisor

Administering institution

Organizational number (only for Swedish institutions)

--

Institution/Clinic

Department

--

E-mail

--

Phone number

--

Postal address

--

Zip code

--

Project information

Project title

--

Your role in the project

--

Enter project start date

Enter project end date

Enter project category

--

Approved in ethics committee

Approved in ethics committee

--

Date for approval

Project summary

Enter project summary

--

Description of the background to the project

Enter description of the background to the project

--

Aim

Enter aim

--

Hypothesis

Enter hypothesis

--

Originality of the project

Enter originality of the project

--

Methods planned to be used

Enter methods planned to be used

--

Expected results

Enter expected results

--

Publication: Journal and anticipated publication time

Enter publication: Journal and anticipated publication time

--

Elaborate on clinical relevance

--

Currency

Select currency

--

Finance

Sum applied for

0 SEK

Cost specification

Specify expenses

--

Requested total (SEK)

Total "Cost specification"

= 0

Other financial contributors/sponsors

Existing financial contributors supporting the project

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Have you received financial support from Eklund Foundation before?

--

CV

Publication list

Attachments

Please attach additional documents relevant to the application

Additional information

Please enter other significant information

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