

PROPOSAL FOR RESEARCH AGREEMENT

1. NAME AND ADDRESS OF CONTRACTING INSTITUTE:	CONTACT DETAILS: Telephone: Fax: E-mail:
2. DEPARTMENT WHERE RESEARCH IS TO BE PERFORMED:	Further information on the IAEA's Coordinated Research Activities can be found on the following website: http://cra.iaea.org

3. TITLE OF RESEARCH AGREEMENT PROPOSAL:

A. Part of the IAEA's Coordinated Research Project (CRP)/ if applicable:

4. SUMMARY OF THE PROPOSED RESEARCH:

5. RESEARCH PERSONNEL (if space provided below is insufficient, please attach additional sheets):

A. Chief Scientific Investigator:

First Name	Family Name	Date of birth	Nationality	Position held	Sex M/F
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Academic degrees held:

B. Main Additional Staff:

First Name	Family Name	Date of birth	Nationality	Position held	Sex M/F
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6. DESCRIPTION OF RESEARCH OBJECTIVES AND ANTICIPATED OUTCOMES:

7. WORK PLAN:

Year 1:

Year 2:

Year 3:

Brief description of facilities available:

Please note that as a condition of an IAEA Research Agreement, all information, data and research results gathered during the course of the CRP are made freely available to other participants and other relevant authorized parties.

8. PROPOSED COMMENCEMENT DATE:

9. SIGNATURES:

CHIEF SCIENTIFIC INVESTIGATOR:

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Signature

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Date

HEAD OF INSTITUTE:

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Signature

.....
Date

PLEASE NOTE: RESEARCH AGREEMENT PROPOSAL FORMS WILL NOT BE PROCESSED UNTIL SIGNED COPIES ARE RECEIVED BY THE IAEA.