



**IAEA**

International Atomic Energy Agency

Vienna International Centre, PO Box 100,  
1400 Vienna, Austria  
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## REQUEST FOR RENEWAL OF RESEARCH CONTRACT

**No:**.....

### An up-to-date progress report must be attached

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:  <b><a href="http://cra.iaea.org">http://cra.iaea.org</a></b>

3. TITLE OF CONTRACT:

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

4. 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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B. Main Additional Scientific Staff:

First Name	Family Name	Date of birth	Nationality	Position held	Sex M/F
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## 5. DETAILED WORK PLAN FOR COMING YEAR, INCLUDING PROPOSED METHODS OR TECHNIQUES:

## 6. BUDGET. Estimate for coming project year (please show all amounts in EUR €):

Total Project budget € \_\_\_\_\_

## A. Equipment, materials, supplies to be purchased by the IAEA on behalf of the Institute:

Item	Estimated project costs in €
ONLY TO BE COMPLETED IF THE IAEA SHOULD PURCHASE ON YOUR BEHALF	
Sub-total:	€

## B. Miscellaneous (including transport\*):

Item	Estimated project costs in €
Sub-total:	€

\* If funds for travel/transportation have been included in the budget, please indicate specific purpose:

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C. Total - All Costs (Budget Items A - B):

Total Budget requested from the IAEA:

€

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7. THE PREFERRED METHOD OF PAYMENT IS BY BANK TRANSFER, PAYABLE TO THE ORDER OF THE INSTITUTE. PAYMENTS ARE MADE IN EURO.

PLEASE PROVIDE THE FOLLOWING INFORMATION:

**NAME OF INSTITUTE'S BANK:**

**BANK ADDRESS:**

**ACCOUNT NAME (IN THE NAME OF THE INSTITUTE):**

**ACCOUNT NO:**

**BANK ROUTING NO (SORT CODE, BIC, SWIFT CODE OR IBAN):**

IF PAYMENTS SHOULD BE MADE TO A DESIGNATED PERSON ON BEHALF OF THE INSTITUTE PLEASE REQUEST EXCEPTION BELOW, STATING THAT THE DESIGNATED PERSON IS SO AUTHORIZED BY THE RULES AND REGULATIONS OF YOUR INSTITUTE.

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8. WILL RESEARCH BE COMPLETED DURING THE COMING YEAR?

Yes

No

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9. SIGNATURES:

CHIEF SCIENTIFIC INVESTIGATOR:

.....  
Signature

.....  
Date

HEAD OF INSTITUTE:

.....  
Signature

.....  
Date

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**PLEASE NOTE: REQUESTS FOR RENEWAL OF RESEARCH CONTRACT WILL NOT BE PROCESSED UNTIL SIGNED COPIES ARE RECEIVED BY THE IAEA.**

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