**Application for a Financial Contribution from the PPSŘ of the Faculty of Medicine in Pilsen  
2024(Mobility of students, academics and administrative staff)**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| APPLICANT INFORMATION | | | | | | | | | |
| **Name and surname:** |  | | | | | | | | |
| **Date of birth:** |  | | | | | | | | |
| **Personal number:** |  | | | | | | | | |
| **Address:** |  | | | | | | | | |
|  |  | | | | | | | | |
| **Mobile phone number:** |  | | | | | | | | |
| **e-mail:** |  | | | | | | | | |
| **Year:** |  | | | **Clinic/Institute** | | |  | | |
| FOREIGN ORGANIZATION INFORMATION | | | | | | | | | |
| **Type of stay:** |  | | | | | | | | |
| **Organization name:** |  | | | | | | | | |
| **Address:** |  | | | | | | | | |
| **City:** |  | | | | | **Country:** | |  | |
| **Period of stay:** | from: | |  | | | to: | |  | |
|  | | | | | | | | | |
| By the signature below, the applicant declares that the information provided on this application is true. | | | | | | | | | |
| **Date of application:** | |  | | | **Applicant's signature:** | | | |  |

**Obligatory attachment:**

Letter of acceptance/invitation or Card of acceptance – printed from the IFMSA database

**The applicant is obliged to submit the following documents to the Dept. of International Relations. upon returning:**

1. **Proof of the internship or study visit executed**
2. **Filled-in the online Final Report**