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

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| --- |
| 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**