

ESR Eligibility and Declarations Form ROPES - ROles of ePitranscriptomic in diseasES (GA 956810), ITN MSCA H2020

Surname:			
First/Given name(s):			
Nationality:			
Gender: Male / Female			
Please ti	Eligibility (ck if you meet the following co		tment ²
☐ Researcher sta	ntus:		
· -	rchers (ESRs) are young resear Il-time equivalent research exp octoral degree.		
☐ Mobility requir	ements:		
Applicant ESRs must not have resided or carried out their main activity (work, studies, etc.) in			
Poland for more than 12 months in the 3 years immediately prior to the date of recruitment.			
If you resided or carried out activity in Poland, please fill in the table below			
Country: POLAN	D Activity	Start date	Completion date
_	equivalent at the moment of eir first and second cycle of hig		
☐ Family allowar	ce:		
Family Status: Mar	ried/ Living as married/ Single/	No. of dependent children	
	Declarat	tions:	
I am applying to anotl			

 $^{^{1}\ \}underline{\text{https://ec.europa.eu/research/participants/data/ref/h2020/other/guides for applicants/h2020-guide-appl-msca-itn en.pdf} \underline{\text{https://ec.europa.eu/research/participants/data/ref/h2020/wp/2018-2020/main/h2020-wp1820-msca-en.pdf}}$

² The first day of employment of the Fellow for the purposes of the project (date indicated in the employment offer).



I am applying to the other ESR(s) project
YES/NO

Priority of preference for these project(s)
If YES, please specify

I certify that the information given in this application and in the supporting documents is accurate and complete. I understand that the submission of inaccurate information may be sufficient cause for refusal of admission or termination of registration.

Signature:

Date:

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