Design and Evaluation of Innovation Policies Application form				
DEADLINE FOR SUBMISSION IS 15 December 2008!!!!				
Please answer each question clearly and completely. Type or print in dark ink. All relevant information should be included in this form but if necessary, you may attach additional pages of similar size. Please complete in English and attach a recent photograph (passport size). Add the following two enclosures: (i) Letter of government clearance; and (ii) Letter of reference from the supervisor.				
Please send to:				
UNU-MERIT DEIP Programme Keizer Karelplein 19 6211 TC Maastricht The Netherlands				
Fax: +31-43-3884499 E-mail: Deip@merit.unu.edu				
A. Identification of applicant				
Photo				
1.Family name (surname)				
(Underline the family name by which you are officially addressed)				
3. Other names				
4. Address for communication				
4. Address for communication				

5. Telephone: (Country Code-Area Code-Telephone Number)

6. Fax:						
7. E-mail:						
8. Home address:						
9. Place of birth						
10. Date of birth: (DD-MM-YYYY)						
11. Nationality						
12. Marital Status						
13. Sex:		Male		Female		
14. Passport Number						
15. Issuing authority:						
16. Date of Issue:						
17. Place of issue:						
18. Date of expiry						
19. Name and address of person to be notified in case of emergency						
20. Name:						
21. Relationship with the applicant						
22. Telephone						
23. Fax:						
24. E-mail:						

B: Present Employment Status	
25. Country:	
26. Ministry/Institute/Organisation	
27. Functional title	
28. Number of years of experience:	
grants/tax incentives; (c) Other forms	(a) Policy analysis; (b) Administering research of technology financing; (d) S&T statistics; (e) dvisory; (g) Other relevant professional experience wand attach CV.
C. Education	
	he most recent) Name and city of institutions of obtained. (please add your CV, if conventient)

D. Funding (only for applicants from or	utside New Delhi):				
31. Do you have funds for travel and l	odging?		Yes		No
If yes, Name of funding agencies					
E. Certification					
32. I certify that the statements made b true, and complete to the best of my known	•	_	oing ques	tions are	2
Signature					
Place and Date					

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