

To  
Linköping University  
International coordinator  
Department of Biomedical and Clinical Sciences  
581 83 Linköping  
SWEDEN

**Application for postdoctoral fellowship**

*The applicant*

Name: \_\_\_\_\_

Birthdate: \_\_\_\_\_

Address: \_\_\_\_\_

E-mail: \_\_\_\_\_

Have you, as an applicant, received any salary from Linköping University before?

Yes

No

Do you, as an applicant, receive other fellowships at Linköping University?

Yes

No

Have you, as an applicant, received any other fellowships from Linköping University?

Yes

No

Herewith I assure that I will not receive any salary or fees from Linköping University during the scholarship period.

\_\_\_\_\_  
*Date/Signature*

**Appendix:**

Curriculum vitae with a copy of the doctoral degree certificate

A short description of your studies in the research project provided by the supervisor, including a list of literature

Copy of passport

Copy of residence permit (non-EU citizens)