

ANNEX 1

SLOVENIAN- UKRAINIAN INTERGOVERNMENTAL S & T COOPERATION PROGRAMME FOR 2003 – 2004 (PROJECT PROPOSAL)
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DATE OF RECEIPT:

TITLE OF THE PROPOSED PROJECT IN ENGLISH	
TITLE OF THE PROPOSED PROJECT IN SLOVENIAN	
SHORT TITLE OF THE PROJECT PROPOSAL IN SLOVENIAN	

		SLOVENIAN PRINCIPAL INVESTIGATOR	UKRAINIAN PRINCIPAL INVESTIGATOR
LAST NAME			
FIRST NAME			
DEGREE			
TITLE			
I N S T I T U T I O N 's	NAME		
	ADDRESS		
	TELEPHONE		
	FAX		
	E-MAIL		
PROJECT STARTING DATE:		DURATION:	years

**SLOVENIAN- UKRAINIAN INTERGOVERNMENTAL S & T COOPERATION PROGRAMME FOR
2003 – 2004 (PROJECT PROPOSAL)**

		OTHER SLOVENIAN PARTICIPANT	OTHER UKRAINIAN PARTICIPANT
LAST NAME			
FIRST NAME			
DEGREE			
TITLE			
I N S T I T U T I O N 's	NAME		
	ADDRESS		
	TELEPHONE		
	FAX		
	E-MAIL		

		OTHER SLOVENIAN PARTICIPANT	OTHER UKRAINIAN PARTICIPANT
LAST NAME			
FIRST NAME			
DEGREE			
TITLE			
I N S T I T U T I O N 's	NAME		
	ADDRESS		
	TELEPHONE		
	FAX		
	E-MAIL		

**SLOVENIAN- UKRAINIAN INTERGOVERNMENTAL S & T COOPERATION PROGRAMME
FOR 2003 – 2004 (PROJECT PROPOSAL)**

VISITS

	to UKRAINE			to SLOVENIA		
	how many persons in a year	number of days for each person ²	number of months for each person ³	how many persons in a year	number of days for each person	number of months for each person
first year						
	total number of people	total number of days	total number of months	total number of people	total number of days	total number of months
second year						
	total number of people	total number of days	total number of months	total number of people	total number of days	total number of months

² it should be filled only in case the visit lasts less than 1 month

³ it should be filled only in case the visit takes more than 1 month

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EXPECTED RESULTS AND PLANNED UTILIZATION

PUBLICATIONS Give the title of the journals		LICENCE(s) (which countries)	
OTHER			

SOURCES OF FUNDING (do specify the contract number)

IN SLOVENIA	MESS			
IN UKRAINE				

DISCIPLINE	
KEY WORDS	

SIGNATURES AND INSTITUTIONAL APPROVALS

		SLOVENIA	UKRAINE
INVESTIGATOR'S SIGNATURE & DATE OF SIGNATURE			
		I fully agree with the content of this project and I declare that the funding of this project will be assured all over its span.	
INSTITUTE DIRECTOR OR FISCAL	SIGNATURE AND DATE		
	FIRST NAME		
	LAST NAME		
	TITLE		