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✓ Formulario para estudiantes extranjeros

REMARK!

;NOTA!

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MARGARITA SALAS GRANTS TO TRAIN YOUNG DOCTORS 2021 (MODALITY I)

FINAL CERTIFICATE

Name and Surname(s):	
DNI/NIE:	
Department:	
Host institution:	

The undersigned CERTIFIES that the researcher referred to in this document has remained in the workplace at the host institution during the following period:

Starting date (day/month/year):

Finishing date (day/month/year):

* Researcher responsible of the research group:

Position:

* Name of the legal representative or mobility representative of the host institution:

Position:

* The signatures must coincide with those on the document of acceptance of the stay at the host institution.

Lleida, on the date of the electronic signature

This certificate must be sent as soon as possible through the electronic site of the University of Lleida

VICE-RECTORATE OF RESEARCH

Attachment of other complementary documents to this form

Adjunción de otros documentos complementarios a este formulario