

## REQUEST FOR RENEWAL OF RESEARCH CONTRACT

No:.....

**Please submit in duplicate**

**An up-to-date progress report must be attached**

1. NAME AND ADDRESS OF CONTRACTING INSTITUTE:	CONTACT DETAILS:  Telephone: Facsimile: E-mail:
2. DEPARTMENT WHERE RESEARCH IS TO BE PERFORMED:	Further information on the Agency's Coordinated Research Activities can be found on the following web site:  <b><a href="http://cra.iaea.org">http://cra.iaea.org</a></b>

3. TITLE OF PROJECT:

A. Part of the Agency's Coordinated Research Project (if applicable):

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4. PROJECT PERSONNEL (if space provided below is insufficient, please attach additional sheets):

A. Chief Scientific Investigator:

First Name	Family Name	Date of birth	Nationality	Position held	Sex M/F
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B. Main Additional Scientific Staff:

First Name	Family Name	Date of birth	Nationality	Position held	Sex M/F
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5. DETAILED WORK PLAN FOR COMING YEAR, INCLUDING PROPOSED METHODS OR TECHNIQUES:

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6. BUDGET. Estimate for coming project year (please show all amounts in EUR €):

Total Project budget € \_\_\_\_\_

A. Equipment, materials, supplies to be purchased by the IAEA on behalf of the Institute:

Item	Estimated project costs in €
ONLY TO BE COMPLETED IF THE IAEA SHOULD PURCHASE ON YOUR BEHALF	
Sub-total:	€

B. Miscellaneous (including transport\*):

Item	Estimated project costs in €
Sub-total:	€

\* If funds for travel/transportation have been included in the budget, please indicate specific purpose:

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C. Total - All Costs (Budget Items A - B):

Total Budget requested from the IAEA

€

7. THE PREFERRED METHOD OF PAYMENT IS BY BANK TRANSFER, PAYABLE TO THE ORDER OF THE INSTITUTE. PAYMENTS ARE MADE IN EURO.

PLEASE PROVIDE THE FOLLOWING INFORMATION:

NAME OF INSTITUTE'S BANK:

BANK ADDRESS:

ACCOUNT NAME (IN THE NAME OF THE INSTITUTE):

ACCOUNT NO:

BANK ROUTING NO (SORT CODE, BIC, SWIFT CODE OR IBAN):

IF PAYMENTS SHOULD BE MADE TO A DESIGNATED PERSON ON BEHALF OF THE INSTITUTE PLEASE REQUEST EXCEPTION BELOW, STATING THAT THE DESIGNATED PERSON IS SO AUTHORIZED BY THE RULES AND REGULATIONS OF YOUR INSTITUTE.

8. WILL RESEARCH BE COMPLETED DURING THE COMING YEAR?

☐ Yes

☐ No

9. SIGNATURES:

CHIEF SCIENTIFIC INVESTIGATOR:

.....  
Signature

.....  
Date

HEAD OF INSTITUTE:

.....  
Signature

.....  
Date

**PLEASE NOTE: REQUESTS FOR RENEWAL OF RESEARCH CONTRACT WILL NOT BE PROCESSED UNTIL SIGNED COPIES ARE RECEIVED BY THE AGENCY.**