

THE SCLERODERMA SOCIETY

Summary of Application for:

Applicant's Name:

Appointment:

Institution and Address:

Brief Title of Application:

Nature of support requested:

Proposed starting date:

PROJECT APPROVED BY:

1. HEAD OF DEPARTMENT

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(Name)

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(Signature)

2. ADMINISTRATIVE AUTHORITY
*(appointment and postal address
if different from the applicants)*

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(Signature)