**A) AYUDAS MARGARITA SALAS PARA LA FORMACIÓN DE JÓVENES DOCTORES**

***Admission by the receiving institution***

**Applicant’s information**

|  |  |  |  |
| --- | --- | --- | --- |
| First surname      | Second surname      | Name      | NIF      |

**Information of the host research center**

|  |
| --- |
| Host institution       |
| Name and surname of the responsible of the host institution       |
| Host research group        |
| Name and surname of the responsible of the Research group      |

This is to certify that the institution       has agreed to host the above mentioned applicant, for       months in the period/s      , in the case of being granted with “*AYUDA MARGARITA SALAS PARA LA FORMACIÓN DE JÓVENES DOCTORES*”.

City and date:

Signature

This is to certify that the research group       has agreed to host the above mentioned applicant for       months in the period/s      , in the case of being granted with “*AYUDA MARGARITA SALAS PARA LA FORMACIÓN DE JÓVENES DOCTORES*”.

City and date:

Signature