**MOBILITAS PROGRAM 2025**

**Annex 4: Authorization of the host institution director**

|  |
| --- |
| Applicant researcher |
| Full name |   |
| NIF / NIE / Passport |   |
| Dates of stay | Start:  | End:  |

|  |
| --- |
| Host institution research group |
| Group name |
|   |
| Group leader name |
|   |
| Host group characteristics and information |
|   |
| Financial remuneration provided by the host institution to the applicant |
| [ ]  No | [ ]  Yes: \_\_\_\_\_ € |

|  |
| --- |
| Host institution address |
| Institution name / Institution business name  |   |
| Company ID number / Business ID / Tax ID |   |
| Street address / Address line 1 |  |
| City / Town / Country |  |
| Director name |  |

As the director of this center, I formally declare:

* That I know and accept the terms and conditions of the mobility call, as well as the participation of the applicant researcher.

|  |  |  |
| --- | --- | --- |
| Group leader signature: |  | Institution director signature: |
|  |  |  |
| Date:  |  | Date:  |