**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: |