### **DUO-CIMEA/Italy Fellowship Programme**

## *Application for academic year 2025/26*

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| ID number | DI2025- | Date of submission |  |

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| **HOME INSTITUTION (in Italy)** | | | | | | |
| Name of Institution | | |  | | | |
| **1) CONTACT PERSON** *(should not be same as the information of the person of exchange)* | | | | | | |
| Surname |  | | | Given name |  | |
| Position |  | | | Department |  | |
| Address |  | | | | | |
| Tel |  | | | E-mail |  | |
| **2) INFORMATION ON THE PERSON OF EXCHANGE** | | | | | | |
| Surname |  | | | Given name |  | |
| Date of Birth | (DD/MM/YYYY) | | | Gender |  | |
| Nationality | (Please submit a copy of passport) | | | | | |
| Applying Field |  | Higher Education studies | | Current Major |  | Higher Education studies |
|  | Law and Social Science | |  | Law and Social Science |
|  | History | |  | History |
|  | Language and Literature | |  | Language and Literature |
|  | International relations | |  | International relations |
|  | Others (pls. specify) | |  | Others (pls. specify) |
| Tel | 39- | | | E-mail |  | |

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| **HOST INSTITUTION (in Asian Country)** | | | | | | | |
| Name of Institution | |  | | | | | |
| **1) CONTACT PERSON** *(should not be same as the information of the person of exchange)* | | | | | | | |
| Surname |  | | Given name | |  | | |
| Position |  | | Department | |  | | |
| Address | Country: Zip Code: | | | | | | |
| Tel |  | | E-Mail | |  | | |
| **2) INFORMATION ON THE PERSON OF EXCHANGE** | | | | | | | |
| Surname |  | | Given name | |  | | |
| Date of Birth | (DD/MM/YYYY) | | Gender | |  | | |
| Nationality | (Please submit a copy of passport) | | | | | | |
| Applying Field |  | Higher Education studies | Current Major |  | | | Higher Education studies |
|  | Law and Social Science |  | | | Law and Social Science |
|  | History |  | | | History |
|  | Language and Literature |  | | | Language and Literature |
|  | International relations |  | | | International relations |
|  | Others (pls. specify) |  | | | Others (pls. specify) |
| Tel |  | | E-mail | |  | | |
| Confirmation on Agreement with Host Institution | | | | | | | |
| I, the contact person in the home institution, hereby confirm that the persons to be exchanged and the contact person in the host institution are all aware and agree that this application is submitted. (please, check the box at the right as appropriate) | | | | | | YES | |

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| **DESCRIPTION OF EXCHANGE PROGRAM** | | | | | |
|  | From **HOME** to **HOST** Institution | | From **HOST** to **HOME** Institution | | |
| **Duration** | Starting Date | (DD/MM/YYYY) | Starting Date | (DD/MM/YYYY) | |
| Ending Date | (DD/MM/YYYY) | Ending Date | (DD/MM/YYYY) | |
| **Purpose** | □ Lecture □ Research | | □ Lecture □ Research | | |
| Others | (pls. specify) | Others | (pls. specify) | |
| EXCHANGE DETAILS **Describe Lecture/Research Plan during the exchange in details, such as the title, goal, field of research, description of your plan for the exchange, and expected results, etc.**  **(This will be closely examined at the stage of selection by the Selection Committee)** | | | | | |
| **Lecture/Research plan of the Italian Professors/Researchers/PhD students:** | | | | | |
| **Lecture/Research plan of the Asian Professors/Researchers/PhD students:** | | | | | |
| **SOURCE OF FINANCE** | | | | | |
| Do you have other source of finance to fund for this exchange program, including room/board, airfare, stipend and others? | | | | | YES/NO |
| If YES, please specify detailed information of other source of finance such as the name of institutions, fellowship amount, etc. \*Double fundings are possible, please contact the Selection Committee for further support (direttore@cimea.it) | | | | | |

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| **CERTIFICATION OF AUTHENTICITY** |
| **I hereby certify on my honor that the information provided in this application is correct and complete.** **Any provision of inaccurate or false information or omission of information will render this application invalid and that, if selected on the basis of such information, I can be required to withdraw from the award.**  Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Name/Signature) Contact Person of Home Institution:  (Name/Signature) President or Director of Home Institution:  Official stamp of Home Institution:   * Please upload the copies of **PASSPORT** of Italian and Asian Professors/Researchers/PhD students * Please upload the **CV** of Italian and Asian Professors/Researchers/PhD students * This word version application is only for reference. * Please submit this application by email in a PDF format to: direttore@cimea.it   *\*\* Authorized signature and official stamp are required* ***after*** *selection is made. There is no need for signature and stamp during application procedure.* |