Last Name:

 First name:

### Application request

Inserm Chairs

This form is an obligatory part of the application and must be completed by all candidates. Failure to do so will result in rejection of the application.

I, the undersigned (name in capitals and first names),…

request my inclusion as a candidate for the chair (title of the chair) ....

I am aware that the complete application package comprises only electronic forms and attached documents to be submitted to <https://www.eva3.inserm.fr/login>

I certify that the information given in the application package is accurate and that I am informed that:

- the submission of an incomplete application package will result in automatic rejection of the application,

- if I am included in the list of successful candidates, my name will be removed from this list if my declaration is found to be inaccurate.

Completed at .... Date ....

 **Signature:**

 (obligatory)