

Arab Republic of Egypt  
Academy of Scientific Research &  
Technology  
101 Kasr El Eini St. Cairo-Egypt  
Fax: 0202 – 7921270  
Tel: 0201 – 7921265

**Collaborative Research Project with Italy**  
**Application Form**

Project title:

Egyptian principal Investigator:

Telephone:

Tele Fax:

Center/ institute:

Co-principal Investigator:

Telephone:

Tele Fax:

Affiliated Center:

Authorized by:

Name:

Signature:

Italian Principal Investigator:

Telephone:

Tele Fax:

Center/ Institute:

Abstract:

Preliminary work by the investigation team in the subject area:

Work Plan: (Project Objectives)

Importance of the Project:

Detailed Project Description:

Time Schedule:

Suggested Budget:

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**Budget Category**

**For Project ..... in cooperation with Italy**

	1 <sup>st</sup> Year	2 <sup>nd</sup> Year
<b>Small equipments:</b> (Should not exceed 20% of total grant requested)		
<b>Consumable and chemicals:</b>		
<b>Education and training:</b> (Should not exceed 10% of the total grant requested)		
<b>Literature</b> (Should not exceed 5% of the total grant requested)		
<b>Support team incentives 20%</b>		
<b>Other expenses:</b> (Should not exceed 5% of the total grant requested)		
<b>The required share of the Academy</b>	<b>2520</b>	<b>2520</b>
<b>The required share of the institution</b>	<b>1050</b>	<b>1050</b>
<b>Total costs for entire project period</b>	<b>21000</b>	<b>21000</b>

**Note: The required share of the Academy shouldn't exceed 21000 L.E. per year**

**Signature**

**Approved**

**Seal**