***CALL FOR APPLICATIONS FOR THE SPECIALISATION OF DOCTORAL RESEARCH STAFF AT THE UPV/EHU (2021-2023).***

***MARGARITA SALAS CATEGORY FOR THE TRAINING OF YOUNG DOCTORS***

**ACCEPTANCE DOCUMENT BY RECEIVING UNIVERSITY OR CENTRE**

I, ………………………………………………………………………………….., the undersigned, as the person responsible for the receiving group, declare that the competent body at the university or research centre to authorise the stay described below, as well as the receiving group, know and accept the stay requested in the framework of the Call for applications for the specialisation of doctoral research staff at the UPV/EHU (2021-2023)., Margarita Salas Category for the Training of Young Doctors:

|  |  |
| --- | --- |
| APPLICANT |  |
| PERIOD FOR THE STAY |  |
| RECEIVING UNIVERSITY/CENTRE |  |
| DEPARTMENT/INSTITUTE/CENTRE |  |
| NAME OF DE RECEPTOR GROUP |  |
| HEAD OF THE RECEPTOR GROUP |  |

We express our to support the development of the planned research activities.

And for the purposes of application, sign this document in (place and date):

|  |  |  |
| --- | --- | --- |
| **Name of the head of the receptor group** | **Signature of the head of the receptor group** | **Signature and Seal of the Department/Institute/Centre** |
|  |  |  |