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|  | Confirmation by Receiving Institute  |  |  |
|  | **An electronically signed version of this form must be sent by email to yip@embo.org** |  |
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|  | This is to confirm that |  |  |
|  |
|  | has been offered a position as |  |  |
|  |
|  | The applicant can freely decide the direction of the academic research performed and has the right to request the funds necessary to perform this research.  |  |
|  | To be filled in by the head of institute: |  |
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|  | Name |  |  |
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|  | Position |  |  |
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|  | Department |  |  |
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|  | Institution official signature |  |  |
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|  | Institution Stamp |  |  |  |  |  |  |
|  |  |  | Date |  / /  |  |  |  |
|  |  |  |  |  |  | Head of Institute’s Signature |  |
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