

COST Cooperation



EVALUATION FORM for

APPLICATIONS for SHORT-TERM SCIENTIFIC MISSIONS

COST Action : _____
 Working Group : _____
 Proposing Applicant : _____
 Host Institute : _____

GENERAL CRITERIA

CRITERIA	MARK *	COMMENT
➤ Scientific quality of the application . originality . feasibility of approach		
➤ Compatibility with the COST Action . compatibility with the MoU . added value to Action . extended network of contacts . timeframe of application . timeframe of Action		
➤ Realism of the Application . feasibility within timeframe proposed . justification of the finance requested		
➤ Qualifications of the Applicant . research being undertaken . research already undertaken . publications . participation in international research cooperation		
➤ Application of Results . impact for Action . dissemination of result		
Overall Evaluation		

Recommend to Accept	
Recommend to Reject	
Recommend to Modify	

* Please indicate one of the following : (NA = not applicable, 1 = poor, 2 = average, 3 = good). The subdivisions of the criteria only indicate examples of the factors to be considered and do not require an individual evaluation. If your recommendation is "modify" then please explain how.

DG RTD/ B5 COST
 (Revised May 2002)

COST Cooperation



SHORT-TERM SCIENTIFIC MISSIONS

APPLICATION FORM

For the attention of the chairperson of the Management Committee COST Action _____ :

Please complete using a typewriter or in BLOCK CAPITALS

FROM

Name : AG. ASRI AG. IBRAHIM

First Names : AG. ASRI

**Organisation : DEPARTMENT OF ELECTRONIC
UNIVERSITY OF YORK**

Street : HESLINGTON ROAD

Town and Postcode : HESLINGTON, YO10 5DD

Country : YORK, UNITED KINGDOM

Telephone: +441904432408

Telefax :

E-mail Address : aaai500@ohm.york.ac.uk

1. Description of candidate

- 1.1. I apply for the period from **6th NOV 2005** to **20th NOV 2005** (**2Weeks**)
- 1.2. COST Action and title:
Project Number or Working Group number and title (if any) :
- 1.3. Academic qualifications (Title, Degrees) : **B.Comp.Sc. and M.Comp.Sc.**
- 1.4. Nationality : **Malaysian**
- 1.5. Date of birth : **17th July 1974**
- 1.6. Present employer (if different from organisation above) :

LECTURER(ON STUDY LEAVE)
UNIVERSITI MALAYSIA SABAH, MALAYSIA.
Http://www.ums.edu.my

2. Detailed Work Plan (please refer to attachment)

3. Detailed estimation of the funding requested

- Amounts in EUR and national currency
- Amount requested from CEC : - travel costs, - subsistence allowance
- Indication of contribution from other sources (national and/or private)
- Indication of other previous CEC financial support or current requests to the CEC (COST or other Commission activities)

Details	EUROS
Return air ticket (Hannover - Manchester)	
Return Train ticket (York - Manchester)	
Return Train ticket (Hannover - Bielefeld University)	550.00
Accommodation (40 euros x 15 days (6 th Nov 2005-20 th Nov 2005))	600.00
Subsistence allowance (23 euros x 15 days)	345.00
Total	1495

Details of bank account :

The Royal Bank of Scotland
York Branch, 6 Nessgate,
York, YO1 9FY.

AG ASRI AG IBRAHIM
Account No. 10172728
Branch No. 16-3480

5. I enclose the "Acceptance by the host institution" of the work plan duly signed.

I would be pleased to provide further information if requested to do so.

I, the undersigned, declare that the information provided above and enclosed is, to the best of my knowledge, accurate and complete.

Date : ..28/06/2005.....

Signature :

[THIS FORM IS SENT USING ELECTRONIC MAIL, THUS, NO SIGNATURE REQUIRED]

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SHORT-TERM SCIENTIFIC MISSIONS

Acceptance by the Host Institution

This declaration is to be completed by the head of the host research group and returned to the grant applicant.

Please complete using a typewriter or in block capitals

Name : **HERMANN**
First Names : **THOMAS**
Organisation : **NEUROINFORMATAICS GROUP,**
FACULTY OF TECHNOLOGY
BIELEFELD UNIVERSITY
Street :
Town and Postcode : **BIELEFELD**
Country : **GERMANY**
Telephone :
Telefax : **+49 521 106 6011**
E-mail Address : *thermann@techfak.uni-bielefeld.de*

- (i) I, the undersigned THOMAS HERMANN am willing to receive AG ASRI AG IBRAHIM, in my institution on a short-term scientific mission in the frame of the COST Action _____ to undertake the work described in the attached work plan.
- (ii) The duration of the request is from **6th NOV 2005** to **20th NOV 2005 (2Weeks)**

Date :28/06/2005.....

Signature :

[THIS FORM IS SENT USING ELECTRONIC MAIL, THUS, NO SIGNATURE REQUIRED]