Antragstermin:

**🗐 Deckblatt** für Anträge im *f*ortüne-Programm **🗐**

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| Antragsteller/-in (Projektleiter/in) | | | **zu fördernde Person** | | | | |
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| Name und Position | | | Name und Position | | | | |
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| Abteilung, Klinik, Institut | | | Abteilung, Klinik, Institut | | | | |
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| Adresse | | | Adresse | | | | |
| Zuordnung zur Wirtschaftenden Einheit (WE) | | |  | | | | |
| Tel.: | Piepser: | Fax: | Tel.: | Piepser: | | Fax: | |
| E-mail: | | | E-mail: | | | | |
|  | | |  | | | | |
| **Abteilungs-/Institutsdirektor/-in:** | | | | | Schreiben liegt bei | |  |

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| **Thema:** |
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| **Antragsart (Förderinstrument)** | | **Beantragte Module** | | | | | | | |  |
|  | Juniorantrag |  | Eigene Stelle |  | TA |  | | Sachmittel | |  |
|  | Innovationsantrag |  | Freistellung |  | HiWi |  | | Investitionsmittel | |  |
|  | Überbrückungsantrag |  | Postdoc |  |  | | | | |  |
|  |  |  | Doktorand | | | | | | |  |
|  |  | Ethik-Votum erforderlich? | | | | | | Ja/Nein | |  |
|  |  | Tierversuchs-Genehmigung erforderlich? | | | | | | Ja/Nein | |  |
| **Förderdauer:** | |  | | | | | | | | | |
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| **Zusammenfassung des Antrags (Abstract, 15 Zeilen)** | | | | | | | **Datum:** | | 21.07.2021 | |