**CERTIFICATION FORM**

**Applicant**

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| --- |
| Name: |
| Applying for funding as (state *postdoctoral researcher* or *assistant professor*): |

This is to certify that, if funded by the Strategic Research Area Health Care Science (SFO-V), the applicant is welcome to work at:

**Recipient department**

|  |  |
| --- | --- |
| Department: | Division (or equivalent): |
| Research group: | Research group leader (name and academic title): |
| Project title: | |

and further, that:

* higher salary than that provided by SFO-V (block grants of 800 000 /1 000 000 SEK per year for postdoctoral researcher/assistant professor) will be covered by the department, if required.
* project costs, additional to the small project grant provided by SFO-V (50 000 SEK for postdoctoral researcher/assistant professor), will be guaranteed by the department as well as any additional costs related to work space, KI-id, equipment and/or other material.
* the funded position will be handled according to ordinary procedures at Karolinska Institutet.

**Signature, head of department:**

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| --- | --- |
| Signature: | Date: |
| Printed name: | Title: |