



INSTITUTO DE ASTROFISICA DE CANARIAS

ANNEX I

APPLICATION FORM

POSTDOCTORAL CONTRACT AT THE INSTITUTO DE ASTROFÍSICA DE CANARIAS

Dr, N.I.E. or Passport nº,
hereby applies to be considered for the POSTDOCTORAL RESEARCH CONTRACT AT THE IAC, as
advertised by order of the Director General of the Instituto de Astrofísica de Canarias, and accordingly
submits the requested documentation.

Home address:

Signed,

Street:

Postal/ZIP code and city:

Country

Telephone:

E-mail:

Date: 2009

POSITIONS APPLIED FOR

NAME OF POST	JOB CODE
POSTDOC MASSIVES PN 2009	1

Identity Data Verification System (Royal Decree 522/2006, 28 April, B.O.E. of 9 May. Law 15/1999 for the Protection of Personal Data).

Yes

No

I, the undersigned, request admittance to the selection examinations referred to in the present application form. I declare the information provided herein to be correct, and that this application meets all the requirements necessary for admittance, as well as those specified in the aforementioned call for applications. I further undertake to provide documentary confirmation of all the information given in this application.

Signature,

M/Ms.

Date: 2009

NOTE: Add a separate line for each post applied for.

DIRECTOR GENERAL OF THE INSTITUTO DE ASTROFÍSICA DE CANARIAS



INSTITUTO DE ASTROFÍSICA DE CANARIAS

**DOCUMENTATION ENCLOSED WITH THIS APPLICATION FORM
(TICK WHERE APPLICABLE)**

DOCUMENTS	
	CURRICULUM VITAE
	REPORT ON TECHNICAL AND RESEARCH ACTIVITY, AS WELL AS A STATEMENT CONCERNING THE SUITABILITY FOR THE JOB
	DEGREE OR DOCTORAL CERTIFICATE (Personal declaration according to Subsection 2.1 of the Announcement, where applicable)
	CERTIFICATE OF TRAINING IN OTHER CENTERS (IAC doctors only)
	ADDITIONAL DOCUMENTATION (Indicate nature)

NOTE: Add a line for each additional document attached.

DIRECTOR GENERAL OF THE INSTITUTO DE ASTROFÍSICA DE CANARIAS