**APPENDIX B–** **APPLICATION FORM PPGCTS PNPD 2018**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **First line to be completed by PPGCTS staff** | | | | | | | | | | | |
| Enrollment | Code | | | Received by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_on:\_\_\_ / \_\_\_ / \_\_\_\_\_\_\_\_ | | | | | | | |
| **1 IDENTIFICATION (to be completed by candidate)** | | | | | | | | | | | |
| Name: | | | | | | | | | | | |
| Parents´ full names: | | | | | | | | | | | |
| Date of birth:\_\_\_ / \_\_\_ / \_\_\_\_ | | | | City: | | | | | | Country: | |
| ID number: | | | | | Passport: | | | | | | |
| **Nationality**: | | | | | | | | | | | |
| **2 HOME ADDRESS (to be completed by candidate)** | | | | | | | | | | | |
| Number & Street/Avenue (etc.): | | | | | | | | | | | |
| City: | | | | State: | | | | Country: | | | |
| Zip code: | | Phone(s): | | | | | E-mail: | | | | |
| Skype name: | | | | | | | | | | | |
| **3 ACADEMIC EDUCATION (to be completed by candidate)** | | | | | | | | | | | |
| **Degree** | | | **Course** | | | | **Year of Conclusion** | | | | **Institution** |
| Undergraduate degree | | |  | | | |  | | | |  |
| Post-grad diploma | | |  | | | |  | | | |  |
| Master´s degree | | |  | | | |  | | | |  |
| Doctorate degree | | |  | | | |  | | | |  |
| Any further qualifications | | |  | | | |  | | | |  |
| **Link curriculum Lattes (if applicable):** | | | | | | | | | | | |
| **Full names and e-mails of two academic referees who have known you for at least 3 years:** | | | | | | | | | | | |
| **4. MAIN PROFESSIONAL ACTIVITY (CURRENT) (to be completed by candidate)** | | | | | | | | | | | |
| Institution / Company: | | | | | | | | | | | |
| Number & Street/Avenue (etc.): | | | | | | | | | | | |
| City: | | | | State: | | | | | Country: | | |
| Zip code: | | Phone(s): | | | | | | | E-mail: | | |
| Position / Function: | | | | | | Hours dedicated weekly: | | | | | |
| Period of leave to carry out the post-doctorate research: | | | | | | | | | | | |
| **5.** **CHOSEN AREA OF RESEARCH IN PPGCTS (to be completed by candidate)** | | | | | | | | | | | |
| Please indicate *one* line of research in which you intend to carry out research:  ( ) Line 1 - Social Dimensions of Science and Technology  ( ) Line 2 - Technology Management and Sustainable Society  ( ) Line 3 - Languages, Communication and Science | | | | | | | | | | | |
| Name (if applicable) of the PPGCTS researcher as indicated in the letter: | | | | | | | | | | | |

I hereby declare the veracity of the information provided and request enrollment in the PNPD Selection Process for the PPGCTS / UFSCar 2018.

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,\_\_\_\_ of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,2018 **(Place and date)**