*This document must be printed on the Hosting Institution letterhead paper, signed by the head of the hosting lab and then uploaded as PDF file (2 pages max) in the application form. The signature can be either holographic or digital; please note that the digital signature may disappear in the final PDF assembled at the end of the application process.*

***Letter of acceptance***

***Ref: 2024 AIRC Fellowships Call for applications***

***Applicant****:*Insert Applicant’s name

***Head of the hosting lab:***Insert Head of the hosting lab’s name

***Title of the application:***Insert the Title of the application

Please, click here to add an introductory statement

***Hosting Institution***

Please describe what kind of facilities, infrastructures, activities and international research environment will be offered to the fellow by the Hosting Institution

***Lab space and research group composition***

Please describe what the hosting lab will offer to the fellow. Please use this section to indicate whether the applicant is already working in the hosting lab at the call deadline and, if so, since when.

***Resources***

Please describe what resources (*e.g.* research grants held by the supervisor) will be available to carry out the proposed research plan for the entire duration of the fellowship

***Mentoring activities and Complementary skills training***

Describe the mentoring plans that the supervisor will organize specifically for the fellow (e.g. frequency of one-on-one meetings, presentation at lab meetings, participation to seminars and international congresses etc.) and the training in complementary skills that will be offered (e.g. written skills for preparation of grants and papers, ethical issues and regulations in biotechnologies etc.)

***Freedom to publish as first author***

Declare that the applicant will be free to publish as first author, where appropriate, the results of the research carried out during the fellowship appointment

***Fellowship gross amount and Insurance (Only for Fellowships for ABROAD)***

Please indicate the yearly fellowship gross amount requested (in local currency), which must correspond to the gross salary (including both employee’s and employer’s taxes) of a fellow at the same career level working in the same Institution. Please indicate also how the costs of the health insurance will be covered. **Failure to provide information about the fellowship amount may cause the application to be excluded from** **review**

Click here to add a concluding statement highlighting the benefits that this fellowship will offer for the advancement of the candidate’s career

Date

Insert the date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Head of the hosting lab’s signature