

# ABDUS SALAM SCHOOL OF MATHEMATICAL SCIENCES

## Application Form

INCOMPLETE APPLICATION WILL NOT BE CONSIDERED

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**Title of the School:**

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Have you already participated in a School/Conference organized by Abdus Salam School of Mathematical Sciences (ASSMS)? If so, please list title(s) and year(s) of the School(s):

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Complete name:

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Date of Birth: ..... Sex: ..... Citizenship: .....

Postal address:

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Name and address of your Institution:

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Preferred mailing address:

Personal [ ] Professional [ ]

Tel : ..... Fax: .....

E-mail : .....

Quickest and most reliable way to contact you (mail, fax, e-mail):

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Present position (student, teacher, other to be specified) :

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Latest degree (specify date and university) :

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Degree in preparation (specify university) :

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Research field:

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If you belong to a research group, give its name?

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Name of the person in charge of this research group:

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Number of persons working in this research group:

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\_\_\_\_\_  
Date and Signature

**To be returned (by post or email) together with:**

- **Letter stating your motivations**
- **Curriculum vitae (indicate all your works and research groups, international collaboration)**
- **2 Letters of recommendation, copy of passport (or copy of national ID card for local participants)**