

	<p>REALfund Application</p>	
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Project Title (max. 20 words) :

Responsible Applicant :

Name	
Title / Degree	
Hospital/Institution/ Organisation	
Complete address	
phone / fax	
e-mail	

Additional project members and / or parties :

Name	Title / Degree	Hospital / Institution/Organisation	e-mail

Is the idea / invention already covered by IP *(please tick the respective box)* ?

Yes No

Are there any previous publications from the applicant, additional project members or the institution related with the idea/invention /project *(please tick the respective box)* ?

Yes No



Summary of overall budget estimate for the project :

	costs / [currency]
staff incl. salaries	
equipment	
materials	
other expenses	
total costs	

please provide a detailed cost budget as appendix to this form

Is the project supported by other parties ? – if yes, please specify including kind / amount of support

approximate duration of the project :



List of appendices :

#	content	comment
1	abstract / summary of the project proposal	max. 150 words
2	detailed description of the planned program including milestone and time planning	
3	detailed budget for the program including cost justifications	
4	brief CV of the responsible applicant	please limit to max 2 pages
5	list of publications from the responsible applicant, additional project members and the institution related to the project	most relevant ones might be added in pdf format

Please send the full application (application form and all appendices) to
application-realfund@linde-healthcare.com

A signed printout of this application form (page 1 to 3) is to be send via mail to the secretariat of the fund :

Linde Healthcare REALfund
 Linde Healthcare
 Seitnerstrasse 70
 82049 Pullach
 Germany

[] I confirm that I have read, understood and accept the Conditions specified under Guidelines and Conditions on the REALfund Website

City	state / country	Institutional Signature(s) (if needed)
Date		Date
Signature of responsible applicant		Signature(s)