**Programma Nazionale di Ricerche in Antartide  
  
  
  
  
  
  
  
  
  
  
PNRA: research projects to deepen knowledge in Antarctica –   
2025 Call for proposals**

**A Line - Research proposals at Mario Zucchelli STATION**

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PART A

# A Line - research proposals at Mario Zucchelli Station

# Research Project Title (Max. 200 characters)

|  |
| --- |
|  |

# Brief description of the proposal (Max. 2,000 characters)

|  |
| --- |
|  |

# Duration (months – max. 24)

|  |
| --- |
|  |

# Scientific issues (Indicate at least 1 item)

Life in Antarctica

Antarctic Geology

The Antarctic ice system and the sea level

The global reach of the Antarctic atmosphere and Southern Ocean

Observe Universe above Antarctica and Space Weather

Man in Antarctica: adaptation and impact

# Keywords (3 to 6: free)

|  |
| --- |
| 1. |
| 2. |
| 3. |
| 4. |
| 5. |
| 6. |

PART B

# Participating Institutions

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Istitution N. | Name | Subject Type\*\*(Art.3, comma 1) | Department(s) name | Fiscal Code |
| 1\* |  |  |  |  |
| 2 |  |  |  |  |
| 3 |  |  |  |  |
| 4 |  |  |  |  |
| 5 |  |  |  |  |
| 6 |  |  |  |  |
| … |  |  |  |  |

The project proposals must be “individual” or "joint"

\* Leading institution (in case of joint proposals)

\*\* Indicate the type of the subject according to the note [[1]](#footnote-1):

# Leading Institution

|  |  |
| --- | --- |
| Information on legal representative (or his delegate) of Leading Institution | |
| *Surname, Name* |  |
| *Qualification* |  |
| *Year of Birth* |  |
| *Italian fiscal code* |  |
| *Organization* |  |
| *Phone number* |  |
| *e‐mail address* |  |
| *certified electronic mail* |  |

# Principal Investigator

|  |  |
| --- | --- |
| Information on the Principal Investigator | |
| *Surname, Name* |  |
| *Qualification* |  |
| *Year of Birth* |  |
| *Italian fiscal code* |  |
| *Organization* |  |
| *Phone number* |  |
| *e‐mail address* |  |
| *certified electronic mail* |  |
| *Already under contract* |  |
| *Role within the belonging institution* |  |

***No older than:***

35 years old (at the deadline for the application)

40 years old (at the deadline for the application)

Neither

# List of research units

*Research Units (RUs) shall not be fewer than 3 nor more than 6*

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | Participating Institutions | research units | Italian fiscal code | Legal Entity (address, city, province | Operations office of research units (address, city, province) | E‐mail address | certified electronic mail |
| 1 |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |  |

## Research unit 1 - ……………………………………..\*

\* Participating Institutions - research units

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Role | Surname | Name | Italian fiscal code | Belonging Istitution | Qualification | E-mail | Time assigned to the project (man/months*)* |
| PI |  |  |  |  |  |  |  |
| Member |  |  |  |  |  |  |  |
| Member |  |  |  |  |  |  |  |
| … |  |  |  |  |  |  |  |
| … |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

## Research unit 2 - ……………………………………..\*

\* Participating Institutions - research units

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Role | Surname | Name | Italian fiscal code | Belonging Istitution | Qualification | E-mail | Time assigned to the project (man/months*)* |
| Research Unit Leader |  |  |  |  |  |  |  |
| Member |  |  |  |  |  |  |  |
| Member |  |  |  |  |  |  |  |
| … |  |  |  |  |  |  |  |
| … |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

**[…]**

PART C

**PROJECT DESCRIPTION**

1. State of the art(Max. 3,000 characters)

|  |
| --- |
|  |

2. Detailed description of the project: methodologies, objectives and results that the project aims to achieve and its interest for the advancement of knowledge, international involvement, as well as methods of dissemination of the results achieved(Max. 25,000 characters, figures, tables and maps embedded in the text)

|  |
| --- |
|  |

3. Time schedule

|  |
| --- |
|  |

4. Description of the technical-logistic requirements, including the use of large common infrastructures (GIC) and the use of the national Antarctic Interlaboratory System (SIA) (Max. 3,000 characters)

|  |
| --- |
|  |

# 5. People participating to activities in polar area (number)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Polar platform | Year 1 \* | Year 2\* | Sum | Description |
| Mario Zucchelli Station |  |  |  |  |

\*Select only one campaign. The eventual request for participation in two campaigns must be essential for the execution of the project, please justify in the text

6. Project development, with identification of the role of each research unit, with regards to related modalities of integration and collaboration(Max. 10,000 characters, figures and tables embedded in the text)

|  |
| --- |
|  |

7. Possible application potentialities and scientific and/or technological and/or economic impact(Max. 10,000 characters, figures and tables embedded in the text)

|  |
| --- |
|  |

8. Financial aspects: costs - Description of the estimated costs for the realization of the proposed project and how this requested contribution will be used, including any financial contributions from third parties, Italian and/or foreign (Max. 2,500 characters)

|  |
| --- |
|  |

# Total budget required to PNRA

|  |  |  |  |
| --- | --- | --- | --- |
| Cost Item\* | Year 1 | Year 2 | Sum |
| Specially recruited Personnel (a) |  |  |  |
| Instrumentation/Facilities (b) |  |  |  |
| Travel allowances (c) |  |  |  |
| Consumables products (c) |  |  |  |
| Services and operating expenses (c) |  |  |  |
| General costs (max 7% of SUM, may be increased to 10% if no funding is requested for recruited personnel (a)) |  |  |  |
| SUM\* |  |  |  |

\* Budget (euro) - Min 200,00 ‐ Max 400,00

# 9. Description of the data collection, storage and management program (***Max. 3,000 characters)***

|  |
| --- |
|  |

# 10. Technical-logistic requirements - FIRST YEAR



## EXPEDITION PERSONNEL

Specify the scientific personnel who must be employed by a research institution. The duration of their contract must cover the entire period of the expedition.

|  |  |
| --- | --- |
| **Required personnel**  (Indicate the names of the personnel according to the order of priority of participation. Specify whether veteran, novice or guest) |  |
| **Reserve personnel**  (Indicate the names of the personnel according to the order of priority of participation. Specify whether veteran, novice or guest) |  |

## FIELD ACTIVITIES

1. **Activities to be performed.** Briefly list and describe all the activities to be carried out for the project, specifying whether there are needs for activities and transports to or from different platforms (MZS, DC, foreign bases).

|  |
| --- |
| **Field activities** |
|  |
|  |
|  |
|  |

1. **Logistic Support.** Specify the type of support required for the project, such as drilling in the ice, diving, mountain guide, use of laboratories, equipment use, IT support, etc.

|  |
| --- |
| **Logistic Support** |
|  |

1. **Field Stay.** Specify the minimum essential stay and the required period (specific months

and days) for each person. Indicate any overlap or replacement needs among personnel of the same project and with personnel of other project. In the section E, additional information, specify the reasons for requesting the indicated period.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Required Field Stay** | | | |  |
| **Name and Surname** | **Period**  (mm/dd/yy - mm/dd/yy) | **Stay**  (days) | **Need for overlap**  (indicate name and period mm/dd/yy - mm/dd/yy) | **Mandatory Period**  (Yes/No) |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

1. **Sites of the Activities.** Specify the sites of interest for the project's activities, indicating the nomenclature, geographical coordinates, the number and duration of the visits for each site. For sites to reach by helicopters, indicate the preferred mission type (drop-off or accompany). For marine sites to reach by small boats, the allowed range is within 8 nautical miles from the Base.

Add a line in the table for each requested site.

|  |  |  |
| --- | --- | --- |
| **Location and Geographical**  **Coordinates in Decimal Format** | **Number and**  **Estimated Duration of Each Visit** | **Required Support (mountain guide, etc.)** |
|  |  |  |
|  |  |  |

1. **Synergies.** Specify the projects with which collaborations are already active (personnel from other projects expected to carry out activities for this project) or could activate useful synergies.

|  |
| --- |
| **Synergies with Other Projects** |
|  |
|  |
|  |

## MATERIALS

1. **Material Needs for Shipment to Antarctica.** Materials must be sent to ENEA/UTA in appropriate packaging and for dangerous goods complete with documentation compliant with maritime (IMDG) and air (IATA) transport. On a standard base, DG (batteries, chemicals, etc) are not allowed for the airfreight transport to Antarctica.

**Only scientific equipment, devices and tools certified and compliant to the Italian laws are allowed for the use at the Base.**

Fill in the table; in case of multiple entries, includes a new table below.

|  |  |
| --- | --- |
| **Material 1** | |
| **Type of material** |  |
| **Estimated Total Weight (Kg)** |  |
| **Estimated Total Volume (m³)** |  |
| **Required Temperature for Transport**  **(°C)** |  |
| **Requirements Regarding Arrival**  **Timelines in Antarctica** |  |

|  |  |
| --- | --- |
| **Material 2** | |
| **Type of material** |  |
| **Estimated Total Weight (Kg)** |  |
| **Estimated Total Volume (m³)** |  |
| **Required Temperature for Transport**  **(°C)** |  |
| **Requirements Regarding Arrival**  **Timelines in Antarctica** |  |

**[……]**

1. **Materials to return to Italy.** The return of the materials is ensured only to destinations in Italy. The further shipping to other locations is up to the Project.

Fill in the following table, and in case of multiple entries, include a new table below.

|  |  |
| --- | --- |
|  | **Material 1** |
| **Type of material** |  |
| **Estimated Total Weight (Kg)** |  |
| **Estimated Total Volume (m³)** |  |
| **Required Temperature for Transport**  **(°C)** |  |
| **Requirements Regarding Return**  **Timelines to Italy** |  |

**[……]**

1. **Samples:** For the transport of samples, the temperature allowed are environment T, +4°C, -20°C and -50°C. The transport of samples at other temperatures is not granted.

No airfreight transport to Italy for samples is allowed.

Fill in the following table, and in case of multiple entries, include a new table below.

|  |  |
| --- | --- |
|  | **Samples** |
| **Type of Material** |  |
| **Estimated Total Weight (Kg)** |  |
| **Estimated Total Volume (m³)** |  |
| **Required Temperature for Transport**  **(°C)** |  |
| **Requirements Regarding Return**  **Timelines to Italy** |  |

**[……]**

1. **Use of Chemical and/or Biological Substances.** Indicate in the following table the chemical and/or biological material to be used.

No radioactive materials or substances are allowed at the base.

|  |  |  |
| --- | --- | --- |
| **Type of Material** | **Quantity per Analysis (kg or Lt)** | **Total Number of Analyses** |
|  |  |  |

1. **Residuals of Chemical and/or Biological Substances.** Indicate in the following table the chemical and/or biological material left over or remaining as product of the activities at the Base.

|  |  |  |
| --- | --- | --- |
| **Type of Material** | **Quantity per Analysis (kg or Lt)** | **Total Number of Analyses** |
|  |  |  |

## DRONES, PHOTOGRAMMETRY, AND 3D MODELING

Specify the type of support required for (a) flight activities with drones, (b) post-processing of acquired data, and (c) GNSS surveying. Fill in the fields below according to the needs.

1. **Flight with Rotary-Wing Drone.** It is possible to request flights with quadcopters to acquire different types of data depending on the mounted payload:

|  |  |
| --- | --- |
| **Type of Data** | **Description of Activity and Acquisition Site** (if possible, specify the area size to be captured) |
| **Thermal (640x512 px)** |  |
| **Visible (24/12 Mpx)** |  |
| **Lidar (240,000 pts)** |  |
| **GPR (500 MHz)** |  |
| **Photos (12/24/48 Mpx) e videos (4k)** |  |
| **Additional data acquisition with**  **non-ENEA project payload (specify the type)** |  |

1. **Post-processing.** It is possible to request data processing for a quick analysis of the captured data. Check the corresponding box.

|  |  |  |
| --- | --- | --- |
| **Type of Processing** | | **Notes** |
|  | Photogrammetry and point cloud |  |
|  | Orthophoto and DEM |  |
|  | Gigapixel photos |  |
|  | HPC support |  |

1. **Topographic surveying GNSS.** It is possible to request the survey of points with geographical coordinates in RTK.

|  |  |
| --- | --- |
| **Coordinates and/or Name of the Site of**  **Interest** | **Description of the Site and Type of Acquisition** |
|  |  |

## ADDITIONAL INFORMATION

Indicate additional information deemed useful for understanding the activities already described above.

To include in this description any needs for technical material required at the base or specific technical works (metal or wood carpentry, modification of equipment or tools, electricity, etc.).

Indicates also the needs to install temporary or semi-temporary equipment or instrumentation in the field or at the facilities of the Base, including the timing for the retrieval of the installations. On a standard base, the retrieval of the installations must be ensured by the end of the project in the field.

Do not indicate additional activities beyond the proposal approved by the MUR.

|  |
| --- |
| **Additional Information** |
|  |

# 11. Technical-logistic requirements - SECOND YEAR



## EXPEDITION PERSONNEL

Specify the scientific personnel who must be employed by a research institution. The duration of their contract must cover the entire period of the expedition.

|  |  |
| --- | --- |
| **Required personnel**  (Indicate the names of the personnel according to the order of priority of participation. Specify whether veteran, novice or guest) |  |
| **Reserve personnel**  (Indicate the names of the personnel according to the order of priority of participation. Specify whether veteran, novice or guest) |  |

## FIELD ACTIVITIES

1. **Activities to be performed.** Briefly list and describe all the activities to be carried out for the project, specifying whether there are needs for activities and transports to or from different platforms (MZS, DC, foreign bases).

|  |
| --- |
| **Field activities** |
|  |
|  |
|  |
|  |

1. **Logistic Support.** Specify the type of support required for the project, such as drilling in the ice, diving, mountain guide, use of laboratories, equipment use, IT support, etc.

|  |
| --- |
| **Logistic Support** |
|  |

1. **Field Stay.** Specify the minimum essential stay and the required period (specific months and days) for each person. Indicate any overlap or replacement needs among personnel of the same project and with personnel of other project. In the section E, additional information, specify the reasons for requesting the indicated period.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Required Field Stay** | | | |  |
| **Name and Surname** | **Period**  (mm/dd/yy - mm/dd/yy) | **Stay**  (days) | **Need for overlap**  (indicate name and period mm/dd/yy - mm/dd/yy) | **Mandatory Period**  (Yes/No) |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

1. **Sites of the Activities.** Specify the sites of interest for the project's activities, indicating the nomenclature, geographical coordinates, the number and duration of the visits for each site. For sites to reach by helicopters, indicate the preferred mission type (drop-off or accompany). For marine sites to reach by small boats, the allowed range is within 8 nautical miles from the Base.

Add a line in the table for each requested site.

|  |  |  |
| --- | --- | --- |
| **Location and Geographical**  **Coordinates in Decimal Format** | **Number and**  **Estimated Duration of Each Visit** | **Required Support (mountain guide, etc.)** |
|  |  |  |
|  |  |  |

1. **Synergies.** Specify the projects with which collaborations are already active (personnel from other projects expected to carry out activities for this project) or could activate useful synergies.

|  |
| --- |
| **Synergies with Other Projects** |
|  |
|  |
|  |

## MATERIALS

1. **Material Needs for Shipment to Antarctica.** Materials must be sent to ENEA/UTA in appropriate packaging and for dangerous goods complete with documentation compliant with maritime (IMDG) and air (IATA) transport. On a standard base, DG (batteries, chemicals, etc) are not allowed for the airfreight transport to Antarctica.

**Only scientific equipment, devices and tools certified and compliant to the Italian laws are allowed for the use at the Base.**

Fill in the table; in case of multiple entries, includes a new table below.

|  |  |
| --- | --- |
| **Material 1** | |
| **Type of material** |  |
| **Estimated Total Weight (Kg)** |  |
| **Estimated Total Volume (m³)** |  |
| **Required Temperature for Transport**  **(°C)** |  |
| **Requirements Regarding Arrival**  **Timelines in Antarctica** |  |

|  |  |
| --- | --- |
| **Material 2** | |
| **Type of material** |  |
| **Estimated Total Weight (Kg)** |  |
| **Estimated Total Volume (m³)** |  |
| **Required Temperature for Transport**  **(°C)** |  |
| **Requirements Regarding Arrival**  **Timelines in Antarctica** |  |

**[……]**

1. **Materials to return to Italy.** The return of the materials is ensured only to destinations in Italy. The further shipping to other locations is up to the Project.

Fill in the following table, and in case of multiple entries, include a new table below.

|  |  |
| --- | --- |
|  | **Material 1** |
| **Type of material** |  |
| **Estimated Total Weight (Kg)** |  |
| **Estimated Total Volume (m³)** |  |
| **Required Temperature for Transport**  **(°C)** |  |
| **Requirements Regarding Return**  **Timelines to Italy** |  |

**[……]**

1. **Samples:** For the transport of samples, the temperature allowed are environment T, +4°C, -20°C and -50°C. The transport of samples at other temperatures is not granted.

No airfreight transport to Italy for samples is allowed.

Fill in the following table, and in case of multiple entries, include a new table below.

|  |  |
| --- | --- |
|  | **Samples** |
| **Type of Material** |  |
| **Estimated Total Weight (Kg)** |  |
| **Estimated Total Volume (m³)** |  |
| **Required Temperature for Transport**  **(°C)** |  |
| **Requirements Regarding Return**  **Timelines to Italy** |  |

**[……]**

1. **Use of Chemical and/or Biological Substances.** Indicate in the following table the chemical and/or biological material to be used.

No radioactive materials or substances are allowed at the base.

|  |  |  |
| --- | --- | --- |
| **Type of Material** | **Quantity per Analysis (kg or Lt)** | **Total Number of Analyses** |
|  |  |  |

1. **Residuals of Chemical and/or Biological Substances.** Indicate in the following table the chemical and/or biological material left over or remaining as product of the activities at the Base.

|  |  |  |
| --- | --- | --- |
| **Type of Material** | **Quantity per Analysis (kg or Lt)** | **Total Number of Analyses** |
|  |  |  |

## DRONES, PHOTOGRAMMETRY, AND 3D MODELING

Specify the type of support required for (a) flight activities with drones, (b) post-processing of acquired data, and (c) GNSS surveying. Fill in the fields below according to the needs.

1. **Flight with Rotary-Wing Drone.** It is possible to request flights with quadcopters to acquire different types of data depending on the mounted payload:

|  |  |
| --- | --- |
| **Type of Data** | **Description of Activity and Acquisition Site** (if possible, specify the area size to be captured) |
| **Thermal (640x512 px)** |  |
| **Visible (24/12 Mpx)** |  |
| **Lidar (240,000 pts)** |  |
| **GPR (500 MHz)** |  |
| **Photos (12/24/48 Mpx) e videos (4k)** |  |
| **Additional data acquisition with**  **non-ENEA project payload (specify the type)** |  |

1. **Post-processing.** It is possible to request data processing for a quick analysis of the captured data. Check the corresponding box.

|  |  |  |
| --- | --- | --- |
| **Type of Processing** | | **Notes** |
|  | Photogrammetry and point cloud |  |
|  | Orthophoto and DEM |  |
|  | Gigapixel photos |  |
|  | HPC support |  |

1. **Topographic surveying GNSS.** It is possible to request the survey of points with geographical coordinates in RTK.

|  |  |
| --- | --- |
| **Coordinates and/or Name of the Site of**  **Interest** | **Description of the Site and Type of Acquisition** |
|  |  |

## ADDITIONAL INFORMATION

Indicate additional information deemed useful for understanding the activities already described above.

To include in this description any needs for technical material required at the base or specific technical works (metal or wood carpentry, modification of equipment or tools, electricity, etc.).

Indicates also the needs to install temporary or semi-temporary equipment or instrumentation in the field or at the facilities of the Base, including the timing for the retrieval of the installations. On a standard base, the retrieval of the installations must be ensured by the end of the project in the field.

Do not indicate additional activities beyond the proposal approved by the MUR.

|  |
| --- |
| **Additional Information** |
|  |

PART D

# Curriculum Vitae of Principal Investigator (Max 2 pages)

*[Please follow the template below as much as possible (it may however be amended if necessary).]*

**PERSONAL INFORMATION**

Family name, First name:

Researcher unique identifier(s) (such as ORCID, Research ID, etc. ...):

Year of birth:

Nationality:

URL for web site:

1. **EDUCATION**

year PhD

Name of Faculty/ Department, Name of University/ Institution, Country

Name of PhD Supervisor

year Master/Graduation

Name of Faculty/ Department, Name of University/ Institution, Country

1. **CURRENT POSITION(S)**

year –year Current Position

Name of Faculty/ Department, Name of University/ Institution/ Country

year – year Current Position

Name of Faculty/ Department, Name of University/ Institution/ Country

1. **PREVIOUS POSITIONS**

year – year Position held

Name of Faculty/ Department, Name of University/ Institution/ Country

year– year Position held

Name of Faculty/ Department, Name of University/ Institution/ Country

1. **FELLOWSHIPS AND AWARDS**

year – year Scholarship, Name of Faculty/ Department/Centre, Name of University/ Institution/ Country

year Award, Name of Institution/Country

year–year Scholarship, Name of Faculty/ Department/Centre, Name of University/ Institution/ Country

1. **SUPERVISION OF GRADUATE STUDENTS AND POSTDOCTORAL FELLOWS (if applicable)**

year–year Number of Postdocs/ PhD/ Master Students

Name of Faculty/ Department/ Centre, Name of University/ Institution/ Country

1. **TEACHING ACTIVITIES (if applicable)**

year–year Teaching position – Topic, Name of University/ Institution/ Country

year– year Teaching position – Topic, Name of University/ Institution/ Country

**ORGANISATION OF SCIENTIFIC MEETINGS (if applicable)**

year Please specify your role and the name of event / Country

year Please specify type of event / number of participants / Country

1. **INSTITUTIONAL RESPONSIBILITIES (if applicable)**

year – year Faculty member, Name of University/ Institution/ Country

year– year Graduate Student Advisor, Name of University/ Institution/ Country

year– year Member of the Faculty Committee, Name of University/ Institution/ Country

year – year Organizer of the Internal Seminar, Name of University/ Institution/ Country

year – year Member of a Committee; role, Name of University/ Institution/ Country

1. **REVIEWING ACTIVITIES (if applicable)**

year – Scientific Advisory Board, Name of University/ Institution/ Country

year – Review Board, Name of University/ Institution/ Country

year – Review panel member, Name of University/ Institution/ Country

year – Editorial Board, Name of University/ Institution/ Country

year – Scientific Advisory Board, Name of University/ Institution/ Country

year – Reviewer, Name of University/ Institution/ Country

year – Scientific Evaluation, Name of University/ Institution/ Country

year – Evaluator, Name of University/ Institution/ Country

1. **MEMBERSHIPS OF SCIENTIFIC SOCIETIES (if applicable)**

year – Member, Research Network “*Name of Research Network*”

year – Associated Member, Name of Faculty/ Department/Centre, Name of University/ Institution/ Country

year – Founding Member, Name of Faculty/ Department/Centre, Name of University/ Institution/ Country

1. **MAJOR COLLABORATIONS (if applicable)**

Name of collaborators, Topic, Name of Faculty/ Department/Centre, Name of University/ Institution/ Country

1. **CAREER BREAKS (if applicable)**

Exact years Please indicate the reason and the duration in months.

1. **TRACK-RECORD of the PI** (Max 20 publications, Max 2 pages)

***Appendix: All current grants and on-going and submitted grant applications of the PI (Funding ID)***

*Mandatory information (does not count towards page limits)*

**Current grants (Please indicate "No funding" when applicable):**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| *Project Title* | *Funding source* | *Amount*  *(Euros)* | *Period* | *Role of the PI* | *Relation to current*  *proposal* |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

**Project’s Responsibilities (***in the last 10 years***) (Please indicate "None" when applicable):**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| *Project Title* | *Funding source* | *Amount*  *(Euros)* | *Period* | *Role of the PI* |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**Place, date and certified electronic signature**

# Attachments

1. Mod. 1 - DSAN Legale Rappresentante proponente/capofila
2. Mod. 2 - DSAN Legale Rappresentante Partner e delega al capofila (eventuale)
3. Mod. 3 - Delega potere di firma proponente/capofila (eventuale)
4. Mod. 4 - Dichiarazione di accettazione delle condizioni del bando

1. A) Public and private Italian Universities and Italian university institutions, in any way named, including higher degree School with special regulations

   B) National Public Institutions supervised by the State

   C) Other research Institutions having requirements set by the Commission Regulation (EU) No 651/2014 of 17 June 2014 as amended by the Commission Regulation (EU) No 1315/2023 of 23 June 2023 [↑](#footnote-ref-1)