**INTERNATIONAL MOBILITY GRANTS FOR ESTABLISHED RESEARCHERS R3-R4 – 2025 CALL**

Chief Physician Acceptance

|  |  |
| --- | --- |
| **Candidate’s name** |  |
| **Candidate’s IRBLleida Group Leader** |  |
| **Candidate’s clinical service and Hospital** |  |
| **Chief Physician of the Candidate’s service** |  |
| **Starting Date of the International Stay** |  |
| **Ending Date of the International Stay** |  |
| **Host Institution (Country)** |  |
| **Principal investigator in Host Institution** |  |

To the IRBLleida Management Office,

In my position as the Physician Responsible of the service where the candidate is enrolled in clinical assistance in the Hospital, I declare that I have been informed that the candidate submits a proposal to the International Mobility Grants for Established Researchers R3-R4, and, in the case that candidate would be granted, he/she will be absent from his/her clinical activity in the Hospital since the Starting Date to the Ending Date of the International Stay above indicated.

At Lleida, (date of signature)

(Signature)