



DIABETES RESEARCH GRANT
Application – Digital signature page

Applicant name	
Project title	
Amount requested NOK	
Start date	
Institution/University	
Email	

Please answer the following questions:

1. Please confirm that you have read the application guidelines Yes No
2. Please confirm that you have completed all sections of the application form Yes No

Signatures

(In order to be able to sign, you will need to download pdf to your computer).

Applicant:

Name: Signature:

Head of Department:

Name: Signature:

Head of Finance:

Name: Signature:

Additional applicants:

Name: Signature:

Name: Signature:

Name: Signature:

Name: Signature:

**Please send this digitally signed PDF by e-mail together
with your completed application form to the following address:
research@diabeteswellness.se
Please quote 'Diabetes Research Grant – Norway' in the email title.**