

CICA ACCESS CARD APPLICATION

NAME:

SURNAME:

INVESTIGATION GROUP:

(It is essential to attach an evidence of the link with the group for the concession, except for the Teaching Researcher, an email of the researcher responsible for their activity in the group is valid)

DURATION:

(Indicate approximately the time that will be linked to the CICA, except the Teaching Researcher)

TELEPHONE NUMBER:

E-MAIL:

A Coruña,..... de de 20.....

The petitioner

Signed:

RESPONSABILITY: This card allows you access to CICA, is personal and non-transferable, you are responsible for its use. In case of lost, theft, ... you must immediately notify the CICA Management Service. Likewise, at the time of termination of your contractual relationship with the CICA, you must notify the Management Service and return the access card to the center

RESOLUTION:

Resolved to authorize / denied the request made.

CARD NUMBER:

A Coruña, de de 20.....

El coordinador del CICA

Signed.: Jaime Rodríguez González

COORDINADOR DO CENTRO DE INVESTIGACIÓN CIENTÍFICAS AVANZADAS (CICA)