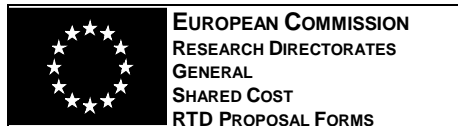


Shared Cost RTD Proposal Form – Form A3



EN D 2 FP5RTD

FOR COMMISSION USE ONLY

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Proposal Acronym ⁵		Proposal No ⁶	
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A3. Participant Profile/Information (1 form per participant) ²³

Legal information on the participating organisation

Participant Role ²⁴	CR	Participant No ²⁵	0	Assistant to Contractor No ²⁶	
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Registration No with the European Commission's Research Programmes ²⁷	IST-2000-25011
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Organisation Legal Name ²⁸	Institute of Computer and Communication System - Bulgarian Academy of Sciences
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Short Name ²⁹	ICCS	Legal Registration No ³⁰	U833560332
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Activity Type ³¹	HES	Legal Status ³²	GOV	If 'PRC', Specify ³³	
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Business Area ³⁴ (NACE)	72	User/Supplier ³⁵ (U/S)	S	Cost Basis ³⁶ (FC / FF / AC)	AC
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Organisation details ³⁷

Annual turnover ³⁸	T1	Annual Balance Sheet Total ³⁹	B1	Number of employees ⁴⁰	S4
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Is Your Organisation independent ⁴¹ ?	Y	<input checked="" type="checkbox"/>	N	<input type="checkbox"/>
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If No, please indicate legal name(s) of owner(s) who own 25 % or more ⁴²	

Is Your Organisation affiliated to any other participant(s) in the proposal ⁴³ ?	Y	<input type="checkbox"/>	N	<input checked="" type="checkbox"/>
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If Yes, please indicate Participant No, Short Name(s) and character of affiliations(s) (D / I) ⁴⁴		I
		I
		I

Address of the main department carrying out the work ⁴⁵

Department/ Institute Name ¹⁰	Institute of Computer and Communication System		
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PO Box ¹¹	
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Street Name and Number	Acad. G.Bonchev str. bl.2		
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Post Code ¹²	1113	Cedex ¹³	
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Town/City	Sofia		
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Country Code ¹⁴	BG	Country Name ¹⁴	Bulgaria
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Authorised person ⁴⁶

Title (Dr, Prof., ...)	Assoc.prof.Ph.D., D.Sc.	Gender ⁸	F	<input type="checkbox"/>	M	<input checked="" type="checkbox"/>
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Family Name	Stoilov				
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First Name	Todor				
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Telephone No ¹⁵	(359-2)716852	Fax No ¹⁵	(359-2)723905		
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E-mail					
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I certify that the above information is accurate and that my organisation has agreed to participate in this proposal.

Date (DD/MM/YYYY)	11/04/2000
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Signature of authorised person	
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