 

**Project title:**

|  |
| --- |
| Please insert project title here |

**Institution(s):**

|  |  |
| --- | --- |
| Applicant | Please list institution(s) here |
| PI/Kostenstelleninhaber\*in  (if different from applicant) | Please list institution(s) here  Please note: institution must be BIH, Charité, and/or MDC |

**In submitting this application, I agree that the information may be communicated to members of BIH and Berlin Health Innovations involved in the selection process, members of the technology transfer office of my institution, as well as external reviewers who have signed a confidentiality agreement.**

**I hereby confirm that I am an employee of the institution(s) named above.**

**PI/Kostenstelleninhaber\*in only: I hereby confirm that my employment contract with BIH/Charité/MDC covers at least the duration of the proposed project.**

**Signatures:**

Applicant

|  |  |  |
| --- | --- | --- |
| Please insert name here | Please insert date | Please sign |

PI/Kostenstelleninhaber\*in (if different from applicant)

|  |  |  |
| --- | --- | --- |
| Please insert name here | Please insert date | Please sign |