



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:
submit@diabeteswellness.se
Please quote 'Diabetes Research Grant – Norway' in the email title.**