

Junior Arab Medical Association Against Cancer Grant

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Applicant D	etails					
First Name						
Middle Name						
Last Name						
Date of birth	/	/				
Mail Address						
				,		
Landline Tel				Mobile Tel		
Fax No.				Email		
Applicant H	ome site	9				
Organization/Fa						
University/ Hea	lth Authori	ty				
Contact person						
Address						
Street			Cit	-	Zip code	
Governorate			Co	untry		
Institutional tra	ining					
Previous Grant						
achieved						
Publications						
Applicant F	oreian s	ite				
Organization/Fa						
University	2041047 111301	tate				
Department				Unit		
Contact person				, 		
Address						
Street			Cit	v	Zip code	
		untry				
Mail Address						
Landline Tel			Mobile Tel			
Fax No.				Fmail		

Address: Arab Medical Association Against Cancer Office عنوان المقر الدائم: مكتب رابطة الأطباء العرب لمكافحة السرطان معهد الأورام القومي – فم الخليج – القاهرة ١٩٧٩٦ جمهورية مصر العربية تليفون وفاكس: ٢٠٢٢٥٣٢٨٢٦٦+

National Cancer Institute Fom El Khalig, Cairo 11796, Egypt Tel. & Fax: + 202 25328286



Junior Arab Medical Association Against Cancer Grant

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Senior Key I	Person		
Name			
Mail Address			
Landline Tel		Mobile Tel	
Fax No.		Email	

Attachments					
If yes click	Item				
	Recent CV signed and dated (including previous trainings and grants)				
	Research project or training project				
	Motivation letter signed and dated				
	Host institute letter accepting the grant and leave for at least 2 months				
	Foreign institute letter of acceptance including start date and duration of stay				
	Photocopy of MBBCH degree certificate				
	Photocopy of Master degree certificate if applicable				
	Photocopy of MD/PhD certificate if applicable				
	Two recommendation letters from host institute supervisors signed and dated				
	Language certificate (TOEFL, ELTS, DELF,) if applicable				
	Disclosure letter from applicant that he/she has no other grants in the same time to the same country				
	Disclosure letter from applicant that he/she didn't get previous grant for the same institute before.				

After acceptance of the candidate all above documents have to be sent in letter to AMAAC office

AMAAC Office C/O Dr. Atef Badran National Cancer Institute Fom El Khalig, Cairo 11796, Egypt

N.B.

Applicant will receive the grant after he got the visa for the foreign country.

Allow 10-15 days to receive your check after sending photocopy of your passport and visa.

Tel. & Fax: + 202 25328286