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|  | | **Application for the Eugène Yourassowsky Award 2024** | | | | | | | | |  | | | | | | | | |  | |
|  | | **Fonds de la Recherche Scientifique-FNRS**  Rue d’Egmont 5 - 1000 BRUXELLES  Phone: 02 504 92 40  E-mail: [prix@frs-fnrs.be](mailto:prix@frs-fnrs.be) − Website: [www.frs-fnrs.be](http://www.frs-fnrs.be) *What is the purpose of this form?* *With this form you can apply for the Eugène Yourassowsky Award that rewards a PhD thesis in the field of medical microbiology and infectious diseases.* *How to submit this form?* *This form has to be submitted, in English,* ***at the latest on March 4, 2024, 23:59 (Brussels time)*** *to* [*prix@frs-fnrs.be*](mailto:prix@frs-fnrs.be)*.* *Privacy policy and personal data* *The privacy policy is available on the F.R.S.-FNRS’ website:* [*https://www.frs-fnrs.be/fr/charte-vie-privee*](https://www.frs-fnrs.be/fr/charte-vie-privee)  *All the people referred to in this application form must be informed by the candidate.* | | | | | | | | | | | | | | | | | | | |
|  | | Details of the candidate | | | | | | | | | | | | | | | | | | | |
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| **1** | Enter your personal details. | | | | | | | | | | | | | | | | | | | | |
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|  | Email address | |  | | | | | | | | | | | | | | | | | | |
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| **2** | **Enter the details of your university degrees.** | | | | | | | |
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|  | **Name of the degree** | | |  |  | **Institution** |  | **Date** (dd-mm-yyyy) |
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| **3** | | **Enter your present occupation along with the coordinates of the according institution.** | | | | | | |
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|  | **Details of the research unit where the PhD thesis was defended** | | | | | | | |
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| **4** | | **Enter the name and address of the research unit where the submitted research was performed. Also enter the first and last name of the head of that research unit.** | | | | | | |
|  | Name of the research unit | |  | | | | | |
|  | Head of the research unit | |  | | | | | |
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|  | **Details of the PhD thesis** | | | | | | | |
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| **5** | | **Title of the PhD thesis.** | | | | | | |
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| **6** | | **Topic(s) of the PhD thesis in a few keywords (max. 5).** | | | | | | |
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| **7** | **Confirm the date of the PhD thesis public defence.**  *Eligible candidates must have publicly defended their PhD thesis in 2020, 2021, 2022 or 2023 in a University of the Federation Wallonia-Brussels.* |

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| **8** | | **First and last name of the promoter(s) of the PhD thesis.** |
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| **9** | | **Summary of the PhD thesis.**  *Your presentation should not exceed three pages including figures and tables. Please highlight what makes your PhD innovative and convince the jury that your research is an original contribution in the field of the Award.* |
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|  | **Scientific Publications** |
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| **10** | **Indicate your best publications related to the PhD thesis (max. 5).**  *For each publication, mention the following:*  -        *the title, completely without abbreviations*  -        *the journal, use only the internationally accepted abbreviations*  -        *date of publication*  -        *the number of pages and for publications part of a book or magazine, the reference ‘from page x to page y’*  -        *the names of the authors, according to the presentation order*  -        t*he number of citations for each paper*  *The F.R.S.-FNRS reserves the right to call for reprints.* |
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|  | | **National and international Awards** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **11** | **Has the PhD thesis already been rewarded?** *(remove excess lines)*  Yes *(complete the table below)*  No  *IMPORTANT: The PhD thesis may not have been previously rewarded, except by an honorary Award.* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **12** | **Indicate all the Awards, Grants or funding that you already received.** *(remove excess lines)* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | | | Mandatory attachments | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **13** | **Enclose the following documents:**   * A detailed curriculum vitae * A complete list of publications * An electronic version of the PhD thesis | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **14** | **Complete the following statement.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | I confirm that all data and information are true and accurate. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | Signature | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
|  | First and last name | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |