**Joint call for research fellowship of LEPL - Shota Rustaveli National Science Foundation of Georgia and French Institute of Georgia 2021**

**Final Report/General Information**

|  |  |  |
| --- | --- | --- |
| 1 | Grant Recipient’s  (Name, Surname) |  |
| 2 | **Grant Recipient’s contact information:**  **Address:**  **Telephone :**  **Fax:**  **e-mail:** |  |
| 3 | **Project Title** |  |
| 4 | **Duration of Research Fellowship** |  |
| 5 | **Host Institution in France** |  |
| 6 | **Mentor of the fellowship Telephone:**  **e-mail:** |  |
| 7 | **Funding Received from SRNSFG** |  |

Grant Recipient’s signature:

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Mentor of the fellowship’s signature:

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Date:

# **Fulfillment of the Liability of Research Fellowship provided in the Annex №1 of the Grant Agreement**

|  |  |
| --- | --- |
| * **All liability within annex №1 of the grant agreement are implemented** * **All liability within annex №1 of the grant agreement are not implemented/are partly implemented** |  |

***note:*** *In this case the liability within annex №1 are not fulfilled or are partly fulfilled, please fill the gap below to provide justification and indicate the period of expected fulfilment*

1. **Task Performance Report**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **№** | **Goal/objective within the Timeframe of fellowship** | **Activity, to fulfill the goal/objective within the Timeframe of fellowship** | **Brief description of the task performance during fellowship** | **Attached materials** | -**Task complete**  **-Task incomplete**  (Select one from the abovementioned options; If the task is not implemented, please provide justification and indicate the period of expected implementation) |
| **1** |  |  |  |  |  |
| **2** |  |  |  |  |  |
| **3** |  |  |  |  |  |
| **4** |  |  |  |  |  |
| **5** |  |  |  |  |  |

**Note:** It is mandatory to present the official letter of the mentor of the fellowship from the host institution on the research conducted during the fellowship, approved by the translating bureau/ translator’s stamp

# **Additional Information**

**A Brief Summary of Completed Tasks/Outcomes within Fellowship (max. 800 world)**

**Note:** All materials presented in the program report must be presented as annexes;

Grant Recipient’s signature:

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Mentor of the fellowship’s signature:

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Date: