

## Applicant

Social security number

--

First name

--

Last name

--

Title and position

--

Year of doctorate

--

E-mail

--

Phone number

--

Workplace address

--

Zip code

--

City

--

Country

--

## Co-applicant

## Supervisor

## Administering institution

Organizational number (only for Swedish institutions)

--

Institution/Clinic

Department

--

--

E-mail

Phone number

--

--

Postal address

Zip code

--

--

City

Country

--

--

## Project information

Project title

--

Your role in the project

--

Enter project start date

Enter project end date

Enter project category

Research

## Approved in ethics committee

Approved in ethics committee

--

Date for approval

## Project summary

Enter project summary

--

## Description of the background to the project

Enter description of the background to the project

--

## Aim

Enter aim

--

## Hypothesis

Enter hypothesis

--

## Originality of the project

Enter originality of the project

--

## Methods planned to be used

Enter methods planned to be used

--

## Expected results

Enter expected results

--

## Publication: Journal and anticipated publication time

Enter publication: Journal and anticipated publication time

--

## Currency

Select currency

--

## Finance

### Sum applied for

0 SEK/Euro

## Cost specification

Specify expenses

--

Requested total (SEK/Euro)

---

**Totalt "Cost specification"**

**= 0**

## Other financial contributors/sponsors

Existing financial contributors supporting the project

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Have you received financial support from Eklund Foundation before?

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## Attachments

Please attach additional documents relevant to the application

## Additional information

Please enter other significant information

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