# APPLICATION FORM: The AGEM innovation grant 2025

# Personal information

## Applicant

Title(s):

Name:

Department / Institute:

E-mail address:

Phone number:

AGEM PI?: Y/N

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AGEM PI?: Y/N

## **Proposal** (max 2 A4, font size 11)

|  |
| --- |
| **Title:** |
| **Proposal:** |
| **In which of the described (sub)theme(s) of “Advanced Diagnostics” does the proposal fit best:** |
| **Relevance to the “Advanced Diagnostics” theme:** |
| **Describe the innovative aspect of this project:** |
| **Describe the role of each applicant (and internal and external collaborators if applicable) and the synergy in this project:** |
| **Describe the societal impact / valorization of this project:** |
| **References (not included in 2 A4 maximum):** |