

**JOINT TRANSNATIONAL CALLS
ITALIAN MINISTRY OF HEALTH PRE-ELIGIBILITY CHECK FORM**

NAME OF THE INITIATIVE (acronym)	
NAME OF THE JOINT CALL	

In order to expedite the eligibility check process, the Ministry of Health will grant an eligibility clearance to the applicants PRIOR to the submission of the pre-proposals. To this end, it is mandatory that the applicants return this pre- submission eligibility check form (in PDF format), duly completed.

This pre-eligibility check form must be sent to DGRIC Italian Ministry of Health, Office 3, through the "Work Flow della Ricerca System", via ER code - Information. The form doesn't need to be signed.

It is strongly recommended that the completed form is returned at least 10 working days before the pre-proposal submission Call deadline. A written eligibility notification will be sent to the Applicants in due time.

1. Italian beneficiary institution¹:

Institution	
Address	
Scientific Director (if available)	
Phone + Fax	
E-mail address	

2. Italian Principal Investigator (PI):

Name	
Position	
Type of contractual relationship	a. Permanent position b. Fixed-term contract c. Research collaboration d. Research agreement e. Other (specify):
Institution with which the PI has a contractual relationship	
Start date and duration of the contractual relationship	
Institution where the research is to be performed	
Department/Unit	
Address	
Phone + Fax	
E-mail address	
Role of the PI unit in the project (max. 500 characters)	
Requested budget	

¹ Only IRCCS are eligible to apply for funding from IT MoH

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3. Project title	
4. Project acronym	

5. Project coordinator (research partner 1 in the multinational research consortium):

Name			
Country			
Position			
Institution/Department			
Address			
Phone + Fax			
E-mail address			
Type of entity (tick as appropriate)	Academia Clinical or Public Health SME or Industry	Public Private-for-profit Private-non-for-profit	

6. Other Research Partners:

No.	Country	Name of research partner (principal investigator)	Institution, department & full address	Phone & Fax	Email address	Type of entity	
						Academia, Clinical/ Public Health or Industry/SME	Public, private-for-profit or private-non-for-Profit
2							
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10							

Date: