FORM 1

**COVER PAGE**

**Principal Investigator**

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| First name, Family name | Academic Degree/Rank | Institution | Department |
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**Title of the project**

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**Name of the collaboration, within which the project will be implemented (BM@N, MPD, SPD, ARIADNA or Accelerator Development Topics)**

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**Project duration:** 1 year (2023)

**Keywords**

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**Requested funding in USD**

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**Authorization by the Institution of the Principal Investigator**

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| First name, Family name, Position of the Principal Investigator | Signature | Date |
|  |  |  |
| First name, Family name, Position of the PI’s Institution Board representative within the MoU or of the representative within the Agreement on accelerator topic  | Signature | Date |
|  |  |  |

**Authorization by collaboration or by JINR VBLHEP Accelerator Division**

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| First name, Family name of the Spokesperson of the collaboration or of the Head of JINR VBLHEP Accelerator Division | Signature | Date |
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