**2026 QuantAlps Chair of Excellence**

**Application Form**

* *The application form should be uploaded* ***by October 31, 23:59 (CET)*** on the application platform: <https://deposibus.silecs.info/appel/QuantAlps-Chair-of-Excellence-Program-2026>

**A – Applicant and Project Information**

**Chair’s Information:**

|  |  |
| --- | --- |
| Full Name |  |
| Nationality |  |
| Affiliation |  |
| Email Address |  |

**Project Acronym:**

**Project Title:**

**Summary of the Research Project:**

*Please type your text here (20 lines max)*

|  |  |
| --- | --- |
| **Expected starting date:** | *dd/mm/yyyy* |

**Coordinators in local partner laboratories, departments or services:** *Name, affiliation, e-mail address (add lines if needed)*

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Full Name** | **Laboratory, department or service** | **Email** |
| 1 |  |  |  |
| 2 |  |  |  |
| 3 |  |  |  |

**Local researchers involved**

*Fill up this table with the all the researchers who will be involved in the project. For any researcher involved over 25% of the time dedicated to the project - please fill up one* [*Individual Form*](#IndividualForm) *(as provided under section D)*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Lab name** | **First Name** | **Family Name** | **Institution**(CEA, CNRS, UGA,Grenoble INP) | **Position** | **% time dedicated to the project** |
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**Summary of requested funding**

**Total requested funding (€ k):**

**Financial support by partnering laboratory (€ k):**

*The requested funding must be justified in the Project Description*

*Please specify the budget breakdown for all partner laboratories, departments or services (at least two).*

|  |  |  |  |
| --- | --- | --- | --- |
| **Lab name** | **Salaries for:** | **Operations:** |  |
| **Chair of Excellence** | **Post Doc** | **PhD student** | **Equipment** | **Running costs** | **TOTAL** |
|  |  |  |  |  |  |  |
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| --- | --- | --- |
| ***Guide for costs*** | ***Monthly net salary, per diem*** | ***Funding to request*** |
| *PhD Student* | *€ 1,800* | *€ 120k for 36 months* |
| *Post-doc* | *From € 2,300* | *Up to € 58k for 12 months* |
| *Chair of Excellence* | *€ 7,000* | *Up to € 60k for 9 months* |
| *Additional funds* | *-* | *Up to € 35k for the duration of the project* |

**B – Scientific project description**

*This section may contain up to 8* ***pages max****.*

**Context and state of the art**

**Research objectives**

**Work programme**

**Requested budget justification**

**Bibliography**

**C – Expected benefits for QuantAlps ecosystem**

*How will the project contribute to QuantAlps synergies between different laboratories, departments or services?*

*Will it create new collaborations with partnering industrial laboratories, start-ups, companies?*

*Are there any pedagogical actions planned within this project (such as lectures or tutorials for students at graduate or master level, public outreach events, etc.)*.?

*Do you plan to organize scientific events (conferences, workshops, etc.)? Which topics could be covered? How will they deepen interactions within QuantAlps, or with other scientific communities?*

*Will the project contribute to international connections of Grenoble institutions*?

**D – QuantAlps Researchers’ Individual Form**

**Acronym:**

*8 characters max.*

First Name

Family Name

Ressearch group /

Laboratory

Function / Position

Email address

00 00 00 00 00 00

Phone Number

**Involvement in the project**

*Please type your text here.*

**Brief summary of the research activities in the last 5 years**

*Please type your text here.*

**Relevant and recent publications** *(maximum 5)*

*Please type your text here.*

**G – Commitment and Agreements**

**Host Laboratory Agreement:**

|  |  |
| --- | --- |
| **Partner Laboratory, Department or service** | *Lab Name* |
|  |  |  |
| Contacts in the laboratory: | *Name:* | *Signature* |
|  | *Name: (optional)* | *Signature (optional)* |
|  |  |  |
| Laboratory Director: | *Name:* | *Signature* |
|  |  |  |

|  |  |
| --- | --- |
| **Partner Laboratory, Department or service** | *Lab Name* |
|  |  |  |
| Contacts in the laboratory: | *Name:* | *Signature* |
|  | *Name: (optional)* | *Signature (optional)* |
|  |  |  |
| Laboratory Director: | *Name:* | *Signature* |
|  |  |  |

**Applicant’s Agreement**

**Chair’s signature:**

**Date:**