



EN A 1 FP5RTN

FOR COMMISSION USE ONLY

For guidelines see in relevant "Guide for Proposers"

**Proposal submission form for
financial support from the EC:
RESEARCH TRAINING NETWORKS**

If possible, these forms should be prepared using the Proposal Preparation Tool (ProTool), which is available via the Commission Internet site <http://www.cordis.lu/fp5/protocol>, by E-mail or on CD-ROM. Use of the Proposal Preparation Tool is preferred by the Commission. However applicants may also use the forms in the Guide for Proposers. Using the ProTool, forms may be submitted electronically, or printed out and returned on paper.

Information on the Proposal ¹

Proposal Full Name ²	Algebraic K-Theory, Linear Algebraic Groups and Related Structures		
Proposal Acronym ³	KTAGS		
Call Identifier ⁴	HRP-RTN-00-2		
Research Programme ⁵	1.4.1		
Thematic priority(ies) ⁵	1.4.1.-1.1		

FOR COMMISSION USE ONLY

Post stamp

 / /

Reception date

 / /

Research Training Networks Proposal Form – Form A1



EN B 1 FP5RTN	<input type="checkbox"/>	<input type="checkbox"/>	
FOR COMMISSION USE ONLY	<input type="checkbox"/>	<input type="checkbox"/>	

Proposal Acronym ³	KTAGS		
--------------------------------------	-------	--	--

A1. General Proposal Information ¹

Proposal Full Name ²	Algebraic K-Theory, Linear Algebraic Groups and Related Structures			
--	--	--	--	--

Panel ⁶	MAT			
---------------------------	-----	--	--	--

Discipline Codes ⁷ (In order of relevance)	1	M-02	2	M-03	3	-	4	-
---	----------	------	----------	------	----------	---	----------	---

Name and Postal Address of the Proposal Co-ordinator ⁸

Title (Dr, Prof., ...)	Prof. Dr.	Gender ⁹	<input type="checkbox"/> F	<input type="checkbox"/> M	<input checked="" type="checkbox"/> X
-------------------------------	-----------	----------------------------	----------------------------	----------------------------	---------------------------------------

Family Name	Rehmann
--------------------	---------

First Name	Ulf
-------------------	-----

Organisation Legal Name ¹⁰	Universitaet Bielefeld
--	------------------------

Department / Institute Name ¹¹	Fakultaet fuer Mathematik
--	---------------------------

PO Box ¹²	100131
-----------------------------	--------

Street Name and Number	Universitaetsstrasse 25		
-------------------------------	-------------------------	--	--

Post Code ¹³	33501	Cedex ¹⁴	
--------------------------------	-------	----------------------------	--

Town/City	Bielefeld		
------------------	-----------	--	--

Country Code ¹⁵	D	Country Name ¹⁵	Germany
-----------------------------------	---	-----------------------------------	---------

Telephone No ¹⁶	(49-521)1065039	Fax No ¹⁶	(49-521)1066461
-----------------------------------	-----------------	-----------------------------	-----------------

E-mail	rehmann@mathematik.uni-bielefeld.de
---------------	-------------------------------------

Internet Homepage	http://www.mathematik.uni-bielefeld.de/~rehmann/
--------------------------	--

Research Training Networks Proposal Form – Form A2



EN C 1 FP5RTN

FOR COMMISSION USE ONLY

--

Proposal Acronym ³

KTAGS

A2.

Partnership Summary ^{1, 17}

Participant No ¹⁸	Organisation Short Name ¹⁹	Activity Type ²⁰	Legal Status ²¹	Country Code ²²	Less-Favoured Region (YES/NO) ²³	Ex-International Post-doc Fellow Active In Team (YES/NO) ²⁴	Young Researchers ²⁵ (person-months)	EC Contribution Requested (in euro) ²⁶
1	Uni Bielefeld	HES	GOV	D	No	NO	44	208660
2	Regensburg	HES	GOV	D	No	NO	33	156209
3	Besancon	HES	GOV	F	No	NO	50	233100
4	UP7	REC	GOV	F	No	NO	36	154867
5	UCL	HES	PNP	B	No	NO	36	177989
6	DIMA	HES	GOV	I	No	NO	35	129502
7	UEDIN	HES	GOV	UK	No	NO	15	74068
8	NUID/UCD	HES	GOV	IRL	No	NO	15	68164
9	EPFL	HES	GOV	CH	No	NO	20	144215
10	Bar-Ilan	HES	PNP	IL	No	NO	30	123226
11	Minsk	REC	GOV	BY	No	NO	0	10000
12	RMI	REC	GOV	GE	No	NO	0	10000
13	RAS	REC	GOV	RU	No	NO	0	10000
Totals							314	1500000

Project Duration ²⁷
(in Months)

48

I, the proposal Co-ordinator, certify that the information contained in this proposal is accurate and that my organisation has agreed to participate. I further certify that part A2 is consistent with the information contained in the Individual Participant Profile/Information Sheets. ²⁸

Date (DD/MM/YYYY)

25/04/2001

Signature

--



EN D 1 FP5RTN

FOR COMMISSION USE ONLY

Proposal Acronym ³

KTAGS

A3.**Proposal Summary ¹**

Give below a brief summary of the objectives and content of the joint research project that the network partners propose to carry out. Also describe briefly the training content of the proposed network. Use plain typed text, avoiding formulae and other special characters, preferably in English.

Research Objectives and Content (maximum 2000 characters)

The objectives of this proposal are:

To investigate problems in algebraic K-theory, linear algebraic groups, in particular, reductive groups, and their related structures like Azumaya algebras, Jordan algebras, Brauer groups, quadratic and Hermitean forms, by applying and combining methods from all these disciplines, in order to gain methodological synergy and to thereby considerably extend and stretch the range of the underlying theories.

This whole enterprise requires a coordinated cooperation of experts of all these distinct branches of mathematics, hence an expert network is the natural form of cooperation.

Due to recent progress in these fields already made, and due to the fact that the proposed network combines leading experts in all its areas, major breakthroughs can be expected in all fields covered by this network, in particular in algebraic K-theory, in the theory of anisotropic reductive groups, their internal structures, and their cohomological invariants, in the theories of Brauer groups, Azumaya and exceptional algebras, in quadratic and Hermitean forms and in many related areas like homotopy theory of schemes.

It is the main objective of this proposal to bring together the expertises of these fields in order to promote their research significantly by mutual benefit, and, in particular, to attract young researchers at the postdoc level into this broad area by international exchange and intensive training.

Training Content (maximum 1000 characters)

This network offers an exchange program consisting of 314 months of fellowships for pre- and postdoctoral scientists, and in addition it will organize short term visits for all participating scientists. Every team of this network will be enabled to receive a young scientist for training from another European country.

Also, the network offers a total of 16 accompanying conferences, summer schools and workshops.

Paris offers a particular training semester at the Institut Henri Poincare (IHP) in Spring 2004 with courses on motivic cohomology, algebraic K-theory, rational homotopy of algebraic varieties, cyclic homology and related subjects.

All network teams are guided by experienced senior scientists, who are among the leading in their fields, working in well established groups, usually with many international scientific guests, in mathematics departments with elaborated training programmes on the doctoral and post-doctoral level.

Research Training Networks Proposal Form – Form A4



EN E 1 FP5RTN

FOR COMMISSION USE ONLY

--

Proposal Acronym ³	KTAGS		
--------------------------------------	-------	--	--

A4. Previous Proposals and Contracts¹

If the present proposal represents a continuation of a network already financed in the frame of the earlier Training and Mobility of Researchers or Human Capital and Mobility Programmes, give the programme name, the reference number of the contract and the contract period :

Programme Name ²⁹	TMR	Contract No	ERB FMRX CT-97-0107
Contract Period	From (DD/MM/YYYY) 01/12/1997	To (DD/MM/YYYY)	30/11/2001

If the present proposal represents a resubmission of the same or a similar proposal previously rejected by the earlier Training and Mobility of Researchers or the current Human Potential Programmes, give the proposal reference number and indicate briefly the main differences from the previous proposal : (Use plain typed text, avoiding formulae and other special characters, preferably in English)

Proposal No	
Main Differences ³⁰ (maximum 1000 characters)	

If the same or a similar proposal has been submitted before to another Community programme or to any other European programme for support (including non-Community programmes such as EUREKA and COST), please indicate below which programme, the proposal reference number and whether or not the proposal was accepted :

Programme Name	
Proposal No	
Evaluation Result ³¹ (FUNDED, REJECTED)	-

Research Training Networks Proposal Form – Form B (1/2)



EN F 1 FP5RTN

--	--

FOR COMMISSION USE ONLY

--	--

--

Proposal Acronym ³	KTAGS		
--------------------------------------	-------	--	--

B. Individual Participant Profile/Information ³²

Legal information on the participating organisation

Participant Role ³³	CO	Participant No ¹⁸	1		
Registration No with the European Commission's Research Programmes ³⁴					
Organisation Legal Name ³⁵	Universitaet Bielefeld				
Short Name ¹⁹	Uni Bielefeld	Legal Registration No ³⁶			
Activity Type ²⁰	HES	Legal Status ²¹	GOV	If 'PRC', Specify ³⁷	
Business Area ³⁸ (NACE)	80				

Organisation details ³⁹

Annual turnover ⁴⁰	NA	Annual Balance Sheet Total ⁴¹	NA	Number of employees ⁴²	S6
Is Your Organisation independent ⁴³ ?					Y <input checked="" type="checkbox"/> N <input type="checkbox"/>
If No, please indicate name(s) of owner(s) who own 25 % or more ⁴⁴					
Is Your Organisation affiliated to any other participant(s) in the proposal ⁴⁵ ?					Y <input type="checkbox"/> N <input checked="" type="checkbox"/>
If Yes, please indicate Participant No, Short Name(s) and character of affiliations(s) (D / I) ⁴⁶					

Address of the legal entity

PO Box ¹²	100131				
Street Name and Number	Universitaetsstrasse 25				
Post Code ¹³	33501	Cedex ¹⁴			
Town/City	Bielefeld				
Country Code ¹⁵	D	Country Name ¹⁵	Germany		

Research Training Networks Proposal Form – Form B (2/2)



EN G 1 FP5RTN	<input type="checkbox"/>	<input type="checkbox"/>
FOR COMMISSION USE ONLY	<input type="checkbox"/>	<input type="checkbox"/>

Proposal Acronym ³	KTAGS		
Participant Role ³³	CO	Participant No ¹⁸	1

B. Individual Participant Profile/Information ³² (continued)

Address of the main department carrying out the work			
Department/ Institute Name	Fakultaet fuer Mathematik, Universitaet Bielefeld		
PO Box ¹²	100131		
Street Name and Number	Universitaetsstrasse 25		
Post Code ¹³	33501	Cedex ¹⁴	
Town/City	Bielefeld		
Country Code ¹⁵	D	Country Name ¹⁵	Germany
Less-Favoured Region ²³ (YES/NO)	No	Name of Less-Favoured Region ²³	

Scientific officer in charge of the work				
Title (Dr, Prof., ...)	Prof. Dr.	Gender ⁹	<input checked="" type="checkbox"/> F	<input type="checkbox"/> M
Family Name	Rehmann			
First Name	Ulf			
Telephone No ¹⁶	(49-521)1065039	Fax No ¹⁶	(49-521)1066461	
E-mail	rehmann@mathematik.uni-bielefeld.de			

Budget and Training	
Young Researchers ²⁵ (person-months)	44
Ex-International Post-doc Fellow Active in Team ²⁴ (YES / NO)	NO
Exceptional EC Contribution Requested for Equipment ^{26,48} (in euro)	0
EC Contribution Requested ²⁶ (in euro)	208660

Declaration	
I certify that the above information is accurate and that my organisation has agreed to participate in this proposal. ²⁸	
Authorised Signatory ⁴⁹ (Full name in capitals)	HUELSMANN, HEINZ
Position in Organisation	Administrative Officer
Date (DD/MM/YYYY)	25/04/2001
Signature of authorised person	

Research Training Networks Proposal Form – Form B (1/2)



EN F 1 FP5RTN

FOR COMMISSION USE ONLY

Proposal Acronym ³

B. Individual Participant Profile/Information ³²

Legal information on the participating organisation

Participant Role ³³	MB	Participant No ¹⁸	2		
Registration No with the European Commission's Research Programmes ³⁴					
Organisation Legal Name ³⁵	Universitaet Regensburg				
Short Name ¹⁹	Regensburg	Legal Registration No ³⁶			
Activity Type ²⁰	HES	Legal Status ²¹	GOV	If 'PRC', Specify ³⁷	
Business Area ³⁸ (NACE)	80				

Organisation details ³⁹

Annual turnover ⁴⁰	NA	Annual Balance Sheet Total ⁴¹	NA	Number of employees ⁴²	-
Is Your Organisation independent ⁴³ ?					Y <input checked="" type="checkbox"/> N <input type="checkbox"/>
If No, please indicate name(s) of owner(s) who own 25 % or more ⁴⁴					
Is Your Organisation affiliated to any other participant(s) in the proposal ⁴⁵ ?					Y <input type="checkbox"/> N <input checked="" type="checkbox"/>
If Yes, please indicate Participant No, Short Name(s) and character of affiliations(s) (D / I) ⁴⁶					

Address of the legal entity

PO Box ¹²					
Street Name and Number	Universitaetsstrasse 31				
Post Code ¹³	93040	Cedex ¹⁴			
Town/City	Regensburg				
Country Code ¹⁵	D	Country Name ¹⁵	Germany		

Research Training Networks Proposal Form – Form B (2/2)



EN G 1 FP5RTN	<input type="text"/>	<input type="text"/>
FOR COMMISSION USE ONLY	<input type="text"/>	<input type="text"/>

Proposal Acronym ³			
Participant Role ³³	MB	Participant No ¹⁸	2

B. Individual Participant Profile/Information³² (continued)

Address of the main department carrying out the work			
Department/ Institute Name	Fakultaet fuer Mathematik, Universitaet Regensburg		
PO Box ¹²			
Street Name and Number	Universitaetsstrasse 31		
Post Code ¹³	93040	Cedex ¹⁴	
Town/City	Regensburg		
Country Code ¹⁵	D	Country Name ¹⁵	Germany
Less-Favoured Region ²³ (YES/NO)	No	Name of Less-Favoured Region ²³	

Scientific officer in charge of the work					
Title (Dr, Prof., ...)	Dr.	Gender ⁹	F	<input checked="" type="checkbox"/> X	M
Family Name	Pumpluen				
First Name	Susanne				
Telephone No ¹⁶	(49-941)9432768	Fax No ¹⁶	(49-941)9431736		
E-mail	Susanne.Pumpluen@mathematik.uni-regensburg.de				

Budget and Training	
Young Researchers ²⁵ (person-months)	33
Ex-International Post-doc Fellow Active in Team ²⁴ (YES / NO)	NO
Exceptional EC Contribution Requested for Equipment ^{26,48} (in euro)	0
EC Contribution Requested ²⁶ (in euro)	156209

Declaration	
I certify that the above information is accurate and that my organisation has agreed to participate in this proposal. ²⁸	
Authorised Signatory ⁴⁹ (Full name in capitals)	
Position in Organisation	Kanzler
Date (DD/MM/YYYY)	19/04/2001
Signature of authorised person	

Research Training Networks Proposal Form – Form B (1/2)



EN F 1 FP5RTN	<input type="text"/>	<input type="text"/>
FOR COMMISSION USE ONLY	<input type="text"/>	<input type="text"/>

Proposal Acronym ³	<input type="text"/>	<input type="text"/>	<input type="text"/>
-------------------------------	----------------------	----------------------	----------------------

B. Individual Participant Profile/Information ³²

Legal information on the participating organisation					
Participant Role ³³	MB	Participant No ¹⁸	3	<input type="text"/>	<input type="text"/>
Registration No with the European Commission's Research Programmes ³⁴					
Organisation Legal Name ³⁵	Universite de Franche-Comte, Besancon				
Short Name ¹⁹	Besancon	Legal Registration No ³⁶	<input type="text"/>		
Activity Type ²⁰	HES	Legal Status ²¹	GOV	If 'PRC', Specify ³⁷	<input type="text"/>
Business Area ³⁸ (NACE)	80	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Organisation details ³⁹					
Annual turnover ⁴⁰	NA	Annual Balance Sheet Total ⁴¹	NA	Number of employees ⁴²	-
Is Your Organisation independent ⁴³ ?				Y	X N
If No, please indicate name(s) of owner(s) who own 25 % or more ⁴⁴	<input type="text"/>				
<input type="text"/>					
<input type="text"/>					
Is Your Organisation affiliated to any other participant(s) in the proposal ⁴⁵ ?				Y	N X
If Yes, please indicate Participant No, Short Name(s) and character of affiliations(s) (D / I) ⁴⁶	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>					
<input type="text"/>					

Address of the legal entity			
PO Box ¹²	<input type="text"/>		
Street Name and Number	1, Rue Goudimel		
Post Code ¹³	25030	Cedex ¹⁴	Cedex
Town/City	Besancon		
Country Code ¹⁵	F	Country Name ¹⁵	France

Research Training Networks Proposal Form – Form B (2/2)



EN G 1 FP5RTN	<input type="text"/>	<input type="text"/>
FOR COMMISSION USE ONLY	<input type="text"/>	<input type="text"/>

Proposal Acronym ³			
Participant Role ³³	MB	Participant No ¹⁸	3

B. Individual Participant Profile/Information ³² (continued)

Address of the main department carrying out the work			
Department/ Institute Name	Laboratoire de Mathematiques de Besancon		
PO Box ¹²			
Street Name and Number	16, Route de Gray		
Post Code ¹³	25030	Cedex ¹⁴	Cedex
Town/City	Besancon		
Country Code ¹⁵	F	Country Name ¹⁵	France
Less-Favoured Region ²³ (YES / NO)	No	Name of Less-Favoured Region ²³	

Scientific officer in charge of the work ⁴⁷			
Title (Dr, Prof., ...)	Prof.	Gender ⁹	F <input type="checkbox"/> M <input checked="" type="checkbox"/>
Family Name	Hoffmann		
First Name	Detlev		
Telephone No ¹⁶	(33-3)81666605	Fax No ¹⁶	(33-3)81666623
E-mail	detlev@math.univ-fcomte.fr		

Budget and Training	
Young Researchers ²⁵ (person-months)	50
Ex-International Post-doc Fellow Active in Team ²⁴ (YES / NO)	NO
Exceptional EC Contribution Requested for Equipment ^{26,48} (in euro)	0
EC Contribution Requested ²⁶ (in euro)	233100

Declaration	
I certify that the above information is accurate and that my organisation has agreed to participate in this proposal. ²⁸	
Authorised Signatory ⁴⁹ (Full name in capitals)	Joel Berger
Position in Organisation	Directeur, UFR Sciences et Techniques
Date (DD/MM/YYYY)	11/04/2001
Signature of authorised person	

Research Training Networks Proposal Form – Form B (1/2)



EN F 1 FP5RTN	<input type="text"/>	<input type="text"/>
FOR COMMISSION USE ONLY	<input type="text"/>	<input type="text"/>

Proposal Acronym ³	<input type="text"/>	<input type="text"/>	<input type="text"/>
-------------------------------	----------------------	----------------------	----------------------

B. Individual Participant Profile/Information ³²

Legal information on the participating organisation

Participant Role ³³	MB	Participant No ¹⁸	4	<input type="text"/>	<input type="text"/>
Registration No with the European Commission's Research Programmes ³⁴					
Organisation Legal Name ³⁵	Universite Paris 7				
Short Name ¹⁹	UP7	Legal Registration No ³⁶		<input type="text"/>	<input type="text"/>
Activity Type ²⁰	REC	Legal Status ²¹	GOV	If 'PRC', Specify ³⁷	<input type="text"/>
Business Area ³⁸ (NACE)	80	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Organisation details ³⁹

Annual turnover ⁴⁰	NA	Annual Balance Sheet Total ⁴¹	NA	Number of employees ⁴²	-			
Is Your Organisation independent ⁴³ ?					Y <input checked="" type="checkbox"/>	X <input type="checkbox"/>	N <input type="checkbox"/>	<input type="checkbox"/>
If No, please indicate name(s) of owner(s) who own 25 % or more ⁴⁴	<input type="text"/>							
	<input type="text"/>							
	<input type="text"/>							
	<input type="text"/>							
Is Your Organisation affiliated to any other participant(s) in the proposal ⁴⁵ ?					Y <input type="checkbox"/>	<input type="checkbox"/>	N <input checked="" type="checkbox"/>	X <input type="checkbox"/>
If Yes, please indicate Participant No, Short Name(s) and character of affiliations(s) (D / I) ⁴⁶	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	

Address of the legal entity

PO Box ¹²	<input type="text"/>						
Street Name and Number	2 Place Jussieu						
Post Code ¹³	75251	Cedex ¹⁴	05	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Town/City	Paris						
Country Code ¹⁵	F	Country Name ¹⁵	France	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Research Training Networks Proposal Form – Form B (2/2)



EN G 1 FP5RTN	<input type="text"/>	<input type="text"/>
FOR COMMISSION USE ONLY	<input type="text"/>	<input type="text"/>

Proposal Acronym ³			
Participant Role ³³	MB	Participant No ¹⁸	4

B. Individual Participant Profile/Information ³² (continued)

Address of the main department carrying out the work			
Department/ Institute Name	UFR Mathematiques		
PO Box ¹²			
Street Name and Number	2 Place Jussieu		
Post Code ¹³	75251	Cedex ¹⁴	05
Town/City	Paris		
Country Code ¹⁵	F	Country Name ¹⁵	France
Less-Favoured Region ²³ (YES / NO)	NO	Name of Less-Favoured Region ²³	

Scientific officer in charge of the work ⁴⁷			
Title (Dr, Prof., ...)	Prof.	Gender ⁹	F <input type="checkbox"/> M <input checked="" type="checkbox"/>
Family Name	Karoubi		
First Name	Max		
Telephone No ¹⁶	(33-1) 44277953	Fax No ¹⁶	(33-1) 44277953
E-mail	karoubi@math.jussieu.fr		

Budget and Training	
Young Researchers ²⁵ (person-months)	36
Ex-International Post-doc Fellow Active in Team ²⁴ (YES / NO)	NO
Exceptional EC Contribution Requested for Equipment ^{26,48} (in euro)	0
EC Contribution Requested ²⁶ (in euro)	154867

Declaration	
I certify that the above information is accurate and that my organisation has agreed to participate in this proposal. ²⁸	
Authorised Signatory ⁴⁹ (Full name in capitals)	Michel Delamar
Position in Organisation	President of the University
Date (DD/MM/YYYY)	12/04/2001
Signature of authorised person	

Research Training Networks Proposal Form – Form B (1/2)



EN F 1 FP5RTN

FOR COMMISSION USE ONLY

Proposal Acronym ³

B. Individual Participant Profile/Information ³²

Legal information on the participating organisation

Participant Role ³³	MB	Participant No ¹⁸	5		
Registration No with the European Commission's Research Programmes ³⁴					
Organisation Legal Name ³⁵	Universite catholique de Louvain				
Short Name ¹⁹	UCL	Legal Registration No ³⁶			
Activity Type ²⁰	HES	Legal Status ²¹	PNP	If 'PRC', Specify ³⁷	
Business Area ³⁸ (NACE)	80				

Organisation details ³⁹

Annual turnover ⁴⁰	NA	Annual Balance Sheet Total ⁴¹	NA	Number of employees ⁴²	-
Is Your Organisation independent ⁴³ ?					Y <input checked="" type="checkbox"/> N <input type="checkbox"/>
If No, please indicate name(s) of owner(s) who own 25 % or more ⁴⁴					
Is Your Organisation affiliated to any other participant(s) in the proposal ⁴⁵ ?					Y <input type="checkbox"/> N <input checked="" type="checkbox"/>
If Yes, please indicate Participant No, Short Name(s) and character of affiliations(s) (D / I) ⁴⁶					

Address of the legal entity

PO Box ¹²					
Street Name and Number	Place de l'universite				
Post Code ¹³	1348	Cedex ¹⁴			
Town/City	Louvain-la-Neuve				
Country Code ¹⁵	B	Country Name ¹⁵	Belgium		

Research Training Networks Proposal Form – Form B (2/2)



EN G 1 FP5RTN	<input type="text"/>	<input type="text"/>
FOR COMMISSION USE ONLY	<input type="text"/>	<input type="text"/>

Proposal Acronym ³			
Participant Role ³³	MB	Participant No ¹⁸	5

B. Individual Participant Profile/Information ³² (continued)

Address of the main department carrying out the work			
Department/ Institute Name	Institut de mathematique pure et appliquee		
PO Box ¹²			
Street Name and Number	Chemin du cyclotron		
Post Code ¹³	1348	Cedex ¹⁴	
Town/City	Louvain-la-Neuve		
Country Code ¹⁵	B	Country Name ¹⁵	Belgium
Less-Favoured Region ²³ (YES/NO)	No	Name of Less- Favoured Region ²³	

Scientific officer in charge of the work ⁴⁷				
Title (Dr, Prof., ...)	Prof.	Gender ⁹	<input type="checkbox"/> F	<input checked="" type="checkbox"/> M
Family Name	Tignol			
First Name	Jean-Pierre			
Telephone No ¹⁶	(32-10)473169	Fax No ¹⁶	(32-10)472530	
E-mail	tignol@agel.ucl.ec.be			

Budget and Training	
Young Researchers ²⁵ (person-months)	36
Ex-International Post-doc Fellow Active in Team ²⁴ (YES / NO)	NO
Exceptional EC Contribution Requested for Equipment ^{26,48} (in euro)	0
EC Contribution Requested ²⁶ (in euro)	177989

Declaration	
I certify that the above information is accurate and that my organisation has agreed to participate in this proposal. ²⁸	
Authorised Signatory ⁴⁹ (Full name in capitals)	Dominique Opfergelt
Position in Organisation	Directeur de l'Administration de la Recherche
Date (DD/MM/YYYY)	21/04/2001
Signature of authorised person	

Research Training Networks Proposal Form – Form B (1/2)



EN F 1 FP5RTN

FOR COMMISSION USE ONLY

--

Proposal Acronym ³			
-------------------------------	--	--	--

B. Individual Participant Profile/Information ³²

Legal information on the participating organisation

Participant Role ³³	MB	Participant No ¹⁸	6		
Registration No with the European Commission's Research Programmes ³⁴				UGOA.DM	
Organisation Legal Name ³⁵	Dipartimento di Matematica Universita di Genova				
Short Name ¹⁹	DIMA		Legal Registration No ³⁶		
Activity Type ²⁰	HES	Legal Status ²¹	GOV	If 'PRC', Specify ³⁷	
Business Area ³⁸ (NACE)	80				

Organisation details ³⁹

Annual turnover ⁴⁰	NA	Annual Balance Sheet Total ⁴¹	NA	Number of employees ⁴²	-						
Is Your Organisation independent ⁴³ ?					Y	<input checked="" type="checkbox"/>	N	<input checked="" type="checkbox"/>			
If No, please indicate name(s) of owner(s) who own 25 % or more ⁴⁴											
Is Your Organisation affiliated to any other participant(s) in the proposal ⁴⁵ ?								Y	<input type="checkbox"/>	N	<input checked="" type="checkbox"/>
If Yes, please indicate Participant No, Short Name(s) and character of affiliations(s) (D / I) ⁴⁶											

Address of the legal entity

PO Box ¹²											
Street Name and Number	Via Dodecanesco, 35										
Post Code ¹³	16146				Cedex ¹⁴						
Town/City	Italy										
Country Code ¹⁵	I	Country Name ¹⁵	Italy								

Research Training Networks Proposal Form – Form B (2/2)



EN G 1 FP5RTN	<input type="text"/>	<input type="text"/>
FOR COMMISSION USE ONLY	<input type="text"/>	<input type="text"/>

Proposal Acronym ³			
Participant Role ³³	MB	Participant No ¹⁸	6

B. Individual Participant Profile/Information ³² (continued)

Address of the main department carrying out the work			
Department/ Institute Name	Universita di Genova		
PO Box ¹²			
Street Name and Number	Via Dodecanesco, 35		
Post Code ¹³	16146	Cedex ¹⁴	
Town/City	Genova		
Country Code ¹⁵	I	Country Name ¹⁵	Italy
Less-Favoured Region ²³ (YES / NO)	No	Name of Less-Favoured Region ²³	

Scientific officer in charge of the work ⁴⁷				
Title (Dr, Prof., ...)	Prof.	Gender ⁹	<input type="checkbox"/> F	<input checked="" type="checkbox"/> M
Family Name	Pedrini			
First Name	Claudio			
Telephone No ¹⁶	(39-010)3536904	Fax No ¹⁶	(39-010)3536751	
E-mail	pedrini@dima.unige.it			

Budget and Training	
Young Researchers ²⁵ (person-months)	35
Ex-International Post-doc Fellow Active in Team ²⁴ (YES / NO)	NO
Exceptional EC Contribution Requested for Equipment ^{26,48} (in euro)	0
EC Contribution Requested ²⁶ (in euro)	129502

Declaration	
I certify that the above information is accurate and that my organisation has agreed to participate in this proposal. ²⁸	
Authorised Signatory ⁴⁹ (Full name in capitals)	Gianfranco Bottaro
Position in Organisation	Direttore Dipartimento di Matematica
Date (DD/MM/YYYY)	19/04/2001
Signature of authorised person	

Research Training Networks Proposal Form – Form B (1/2)



EN F 1 FP5RTN	<input type="text"/>	<input type="text"/>
FOR COMMISSION USE ONLY	<input type="text"/>	<input type="text"/>

Proposal Acronym ³	<input type="text"/>	<input type="text"/>	<input type="text"/>
-------------------------------	----------------------	----------------------	----------------------

B. Individual Participant Profile/Information ³²

Legal information on the participating organisation

Participant Role ³³	MB	Participant No ¹⁸	7	<input type="text"/>	<input type="text"/>
Registration No with the European Commission's Research Programmes ³⁴					
Organisation Legal Name ³⁵	The University of Edinburgh				
Short Name ¹⁹	UEDIN	Legal Registration No ³⁶	<input type="text"/>		
Activity Type ²⁰	HES	Legal Status ²¹	GOV	If 'PRC', Specify ³⁷	<input type="text"/>
Business Area ³⁸ (NACE)	80	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Organisation details ³⁹

Annual turnover ⁴⁰	NA	Annual Balance Sheet Total ⁴¹	NA	Number of employees ⁴²	-
Is Your Organisation independent ⁴³ ?					Y <input checked="" type="checkbox"/> N <input type="checkbox"/>
If No, please indicate name(s) of owner(s) who own 25 % or more ⁴⁴	<input type="text"/>				
Is Your Organisation affiliated to any other participant(s) in the proposal ⁴⁵ ?					
					Y <input type="checkbox"/> N <input checked="" type="checkbox"/>
If Yes, please indicate Participant No, Short Name(s) and character of affiliations(s) (D / I) ⁴⁶	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>					
<input type="text"/>					
<input type="text"/>					

Address of the legal entity

PO Box ¹²	<input type="text"/>				
Street Name and Number	Old College, South Bridge				
Post Code ¹³	EH8 9YL	Cedex ¹⁴	<input type="text"/>		
Town/City	Edinburgh				
Country Code ¹⁵	UK	Country Name ¹⁵	United Kingdom		

Research Training Networks Proposal Form – Form B (2/2)



EN G 1 FP5RTN	<input type="text"/>	<input type="text"/>
FOR COMMISSION USE ONLY	<input type="text"/>	<input type="text"/>

Proposal Acronym ³			
Participant Role ³³	MB	Participant No ¹⁸	7

B. Individual Participant Profile/Information ³² (continued)

Address of the main department carrying out the work			
Department/ Institute Name	Mathematics and Statistics, University of Edinburgh		
PO Box ¹²			
Street Name and Number	James Clerk Maxwell Building, Kings Buildings		
Post Code ¹³	EH9 3JZ	Cedex ¹⁴	
Town/City	Edinburgh		
Country Code ¹⁵	UK	Country Name ¹⁵	United Kingdom
Less-Favoured Region ²³ (YES/NO)	NO	Name of Less-Favoured Region ²³	

Scientific officer in charge of the work ⁴⁷				
Title (Dr, Prof., ...)	Prof.	Gender ⁹	<input checked="" type="checkbox"/> F	<input type="checkbox"/> M <input type="checkbox"/> X
Family Name	Ranicki			
First Name	Andrew			
Telephone No ¹⁶	(44-131)6505073	Fax No ¹⁶	(44-131)6506553	
E-mail	aar@maths.ed.ac.uk			

Budget and Training	
Young Researchers ²⁵ (person-months)	15
Ex-International Post-doc Fellow Active in Team ²⁴ (YES / NO)	NO
Exceptional EC Contribution Requested for Equipment ^{26,48} (in euro)	0
EC Contribution Requested ²⁶ (in euro)	74068

Declaration	
I certify that the above information is accurate and that my organisation has agreed to participate in this proposal. ²⁸	
Authorised Signatory ⁴⁹ (Full name in capitals)	Mrs Sue Coleman
Position in Organisation	European Officer
Date (DD/MM/YYYY)	12/04/2001
Signature of authorised person	

Research Training Networks Proposal Form – Form B (1/2)



EN F 1 FP5RTN

--	--

FOR COMMISSION USE ONLY

--	--

--

Proposal Acronym ³			
-------------------------------	--	--	--

B. Individual Participant Profile/Information ³²

Legal information on the participating organisation

Participant Role ³³	MB	Participant No ¹⁸	8		
Registration No with the European Commission's Research Programmes ³⁴					
Organisation Legal Name ³⁵	National University of ireland, Dublin/University College Dublin				
Short Name ¹⁹	NUID/UCD	Legal Registration No ³⁶			
Activity Type ²⁰	HES	Legal Status ²¹	GOV	If 'PRC', Specify ³⁷	
Business Area ³⁸ (NACE)	80				

Organisation details ³⁹

Annual turnover ⁴⁰	NA	Annual Balance Sheet Total ⁴¹	NA	Number of employees ⁴²	–
Is Your Organisation independent ⁴³ ?					Y <input checked="" type="checkbox"/> N <input type="checkbox"/>
If No, please indicate name(s) of owner(s) who own 25 % or more ⁴⁴					
Is Your Organisation affiliated to any other participant(s) in the proposal ⁴⁵ ?					Y <input type="checkbox"/> N <input checked="" type="checkbox"/>
If Yes, please indicate Participant No, Short Name(s) and character of affiliations(s) (D / I) ⁴⁶					

Address of the legal entity

PO Box ¹²					
Street Name and Number	Belfield				
Post Code ¹³	4	Cedex ¹⁴			
Town/City	Dublin				
Country Code ¹⁵	IRL	Country Name ¹⁵	Ireland		

Research Training Networks Proposal Form – Form B (2/2)



EN G 1 FP5RTN	<input type="text"/>	<input type="text"/>
FOR COMMISSION USE ONLY	<input type="text"/>	<input type="text"/>

Proposal Acronym ³			
Participant Role ³³	MB	Participant No ¹⁸	8

B. Individual Participant Profile/Information³² (continued)

Address of the main department carrying out the work			
Department/ Institute Name	Dept of Mathematics, National University of Ireland, Dublin/University College Dublin		
PO Box ¹²			
Street Name and Number	Belfield		
Post Code ¹³	4	Cedex ¹⁴	
Town/City	Dublin		
Country Code ¹⁵	IRL	Country Name ¹⁵	Ireland
Less-Favoured Region ²³ (YES / NO)	NO	Name of Less-Favoured Region ²³	

Scientific officer in charge of the work ⁴⁷				
Title (Dr, Prof., ...)	Prof.	Gender ⁹	<input checked="" type="checkbox"/> F	<input type="checkbox"/> M <input type="checkbox"/> X
Family Name	Lewis			
First Name	David			
Telephone No ¹⁶	(353-1)7168373	Fax No ¹⁶	(353-1)7161196	
E-mail	david.lewis@ucd.ie			

Budget and Training	
Young Researchers ²⁵ (person-months)	15
Ex-International Post-doc Fellow Active in Team ²⁴ (YES / NO)	NO
Exceptional EC Contribution Requested for Equipment ^{26,48} (in euro)	0
EC Contribution Requested ²⁶ (in euro)	68164

Declaration	
I certify that the above information is accurate and that my organisation has agreed to participate in this proposal. ²⁸	
Authorised Signatory ⁴⁹ (Full name in capitals)	Susan M. Hedigan
Position in Organisation	Director
Date (DD/MM/YYYY)	12/04/2001
Signature of authorised person	

Research Training Networks Proposal Form – Form B (1/2)



EN F 1 FP5RTN	<input type="text"/>	<input type="text"/>
FOR COMMISSION USE ONLY	<input type="text"/>	<input type="text"/>

Proposal Acronym ³	<input type="text"/>	<input type="text"/>	<input type="text"/>
-------------------------------	----------------------	----------------------	----------------------

B. Individual Participant Profile/Information ³²

Legal information on the participating organisation

Participant Role ³³	MB	Participant No ¹⁸	9	<input type="text"/>	<input type="text"/>
Registration No with the European Commission's Research Programmes ³⁴					
Organisation Legal Name ³⁵	Ecole Normale Polytechnique Federale de Lausanne				
Short Name ¹⁹	EPFL	Legal Registration No ³⁶		<input type="text"/>	
Activity Type ²⁰	HES	Legal Status ²¹	GOV	If 'PRC', Specify ³⁷	
Business Area ³⁸ (NACE)	80	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Organisation details ³⁹

Annual turnover ⁴⁰	NA	Annual Balance Sheet Total ⁴¹	NA	Number of employees ⁴²	-			
Is Your Organisation independent ⁴³ ?					Y	X	N	<input type="text"/>
If No, please indicate name(s) of owner(s) who own 25 % or more ⁴⁴	<input type="text"/>							
	<input type="text"/>							
	<input type="text"/>							
	<input type="text"/>							
Is Your Organisation affiliated to any other participant(s) in the proposal ⁴⁵ ?					Y	<input type="text"/>	N	X
If Yes, please indicate Participant No, Short Name(s) and character of affiliations(s) (D / I) ⁴⁶	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	

Address of the legal entity

PO Box ¹²	<input type="text"/>				
Street Name and Number	MA-Ecublens				
Post Code ¹³	1015	Cedex ¹⁴	<input type="text"/>		
Town/City	Lausanne				
Country Code ¹⁵	CH	Country Name ¹⁵	Switzerland		

Research Training Networks Proposal Form – Form B (2/2)



EN G 1 FP5RTN	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FOR COMMISSION USE ONLY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Proposal Acronym ³				
Participant Role ³³	MB	Participant No ¹⁸	9	

B. Individual Participant Profile/Information³² (continued)

Address of the main department carrying out the work			
Department/ Institute Name	Departement de Mathematiques, Chaire de Structure algebriques et geometrique		
PO Box ¹²			
Street Name and Number	MA-Ecublens		
Post Code ¹³	1015	Cedex ¹⁴	
Town/City	Lausanne		
Country Code ¹⁵	CH	Country Name ¹⁵	Switzerland
Less-Favoured Region ²³ (YES / NO)	No	Name of Less- Favoured Region ²³	

Scientific officer in charge of the work ⁴⁷						
Title (Dr, Prof., ...)	Proeffessuere	Gender ⁹	F	<input checked="" type="checkbox"/> X	M	<input type="checkbox"/>
Family Name	Bayer Fluckiger					
First Name	Eva					
Telephone No ¹⁶	(41-021)216935571	Fax No ¹⁶	(41-021)6934250			
E-mail	eva.bayer@epfl.ch					

Budget and Training	
Young Researchers ²⁵ (person-months)	20
Ex-International Post-doc Fellow Active in Team ²⁴ (YES / NO)	NO
Exceptional EC Contribution Requested for Equipment ^{26,48} (in euro)	0
EC Contribution Requested ²⁶ (in euro)	144215

Declaration	
I certify that the above information is accurate and that my organisation has agreed to participate in this proposal. ²⁸	
Authorised Signatory ⁴⁹ (Full name in capitals)	Bayer Fluckiger Eva
Position in Organisation	Professeure
Date (DD/MM/YYYY)	18/04/2001
Signature of authorised person	

Research Training Networks Proposal Form – Form B (1/2)



EN F 1 FP5RTN

--	--

FOR COMMISSION USE ONLY

--	--

--

Proposal Acronym ³			
-------------------------------	--	--	--

B. Individual Participant Profile/Information ³²

Legal information on the participating organisation

Participant Role ³³	MB	Participant No ¹⁸	10		
Registration No with the European Commission's Research Programmes ³⁴					
Organisation Legal Name ³⁵	Bar-Ilan University				
Short Name ¹⁹	Bar-Ilan	Legal Registration No ³⁶			
Activity Type ²⁰	HES	Legal Status ²¹	PNP	If 'PRC', Specify ³⁷	
Business Area ³⁸ (NACE)	80				

Organisation details ³⁹

Annual turnover ⁴⁰	NA	Annual Balance Sheet Total ⁴¹	NA	Number of employees ⁴²	–
Is Your Organisation independent ⁴³ ?					Y <input checked="" type="checkbox"/> N <input type="checkbox"/>
If No, please indicate name(s) of owner(s) who own 25 % or more ⁴⁴					
Is Your Organisation affiliated to any other participant(s) in the proposal ⁴⁵ ?					Y <input type="checkbox"/> N <input checked="" type="checkbox"/>
If Yes, please indicate Participant No, Short Name(s) and character of affiliations(s) (D / I) ⁴⁶					

Address of the legal entity

PO Box ¹²					
Street Name and Number	Geha Road				
Post Code ¹³	S2900	Cedex ¹⁴			
Town/City	Ramat Gan				
Country Code ¹⁵	IL	Country Name ¹⁵	Israel		

Research Training Networks Proposal Form – Form B (2/2)



EN G 1 FP5RTN	<input type="text"/>	<input type="text"/>
FOR COMMISSION USE ONLY	<input type="text"/>	<input type="text"/>

Proposal Acronym ³			
Participant Role ³³	MB	Participant No ¹⁸	10

B. Individual Participant Profile/Information³² (continued)

Address of the main department carrying out the work			
Department/ Institute Name	Dept. of Mathematics and Computer Science Bar-Ilan University		
PO Box ¹²			
Street Name and Number	Geha Road		
Post Code ¹³	S 2900	Cedex ¹⁴	
Town/City	Ramat Gan		
Country Code ¹⁵	IL	Country Name ¹⁵	Israel
Less-Favoured Region ²³ (YES/NO)	NO	Name of Less-Favoured Region ²³	

Scientific officer in charge of the work ⁴⁷				
Title (Dr, Prof., ...)	Prof.	Gender ⁹	<input type="checkbox"/> F	<input checked="" type="checkbox"/> M
Family Name	Kunyavskii			
First Name	Boris			
Telephone No ¹⁶	(972-3)5317976	Fax No ¹⁶	(972-3)5353325	
E-mail	kunyav@macs.biu.ac.il			

Budget and Training	
Young Researchers ²⁵ (person-months)	30
Ex-International Post-doc Fellow Active in Team ²⁴ (YES / NO)	NO
Exceptional EC Contribution Requested for Equipment ^{26,48} (in euro)	0
EC Contribution Requested ²⁶ (in euro)	123226

Declaration	
I certify that the above information is accurate and that my organisation has agreed to participate in this proposal. ²⁸	
Authorised Signatory ⁴⁹ (Full name in capitals)	Dr. israle Pe'er
Position in Organisation	Director of Research Authority
Date (DD/MM/YYYY)	21/04/2001
Signature of authorised person	

Research Training Networks Proposal Form – Form B (1/2)



EN F 1 FP5RTN	<input type="text"/>	<input type="text"/>
FOR COMMISSION USE ONLY	<input type="text"/>	<input type="text"/>

Proposal Acronym ³	<input type="text"/>	<input type="text"/>	<input type="text"/>
-------------------------------	----------------------	----------------------	----------------------

B. Individual Participant Profile/Information ³²

Legal information on the participating organisation

Participant Role ³³	MB	Participant No ¹⁸	11	<input type="text"/>	<input type="text"/>
Registration No with the European Commission's Research Programmes ³⁴					
Organisation Legal Name ³⁵	Institute of Mathematics, Acad. Sci of Belarus				
Short Name ¹⁹	Minsk	Legal Registration No ³⁶	<input type="text"/>		
Activity Type ²⁰	REC	Legal Status ²¹	GOV	If 'PRC', Specify ³⁷	<input type="text"/>
Business Area ³⁸ (NACE)	73	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Organisation details ³⁹

Annual turnover ⁴⁰	NA	Annual Balance Sheet Total ⁴¹	NA	Number of employees ⁴²	S1
Is Your Organisation independent ⁴³ ?					Y <input type="checkbox"/> N <input checked="" type="checkbox"/>
If No, please indicate name(s) of owner(s) who own 25 % or more ⁴⁴	Academy of Sciences of Belarus				
Is Your Organisation affiliated to any other participant(s) in the proposal ⁴⁵ ?					
Y <input type="checkbox"/> N <input checked="" type="checkbox"/>					
If Yes, please indicate Participant No, Short Name(s) and character of affiliations(s) (D / I) ⁴⁶	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Address of the legal entity

PO Box ¹²	<input type="text"/>				
Street Name and Number	Surganov str., 11				
Post Code ¹³	220072	Cedex ¹⁴	<input type="text"/>		
Town/City	Minsk				
Country Code ¹⁵	BY	Country Name ¹⁵	Belarus		

Research Training Networks Proposal Form – Form B (2/2)



EN G 1 FP5RTN	<input type="text"/>	<input type="text"/>
FOR COMMISSION USE ONLY	<input type="text"/>	<input type="text"/>

Proposal Acronym ³			
Participant Role ³³	MB	Participant No ¹⁸	11

B. Individual Participant Profile/Information ³² (continued)

Address of the main department carrying out the work			
Department/ Institute Name	Algebra Dept./Inst. of Mathematics, Acad. Sci, of Belarus		
PO Box ¹²			
Street Name and Number	Surganov str., 11		
Post Code ¹³	220072	Cedex ¹⁴	
Town/City	Minsk		
Country Code ¹⁵	BY	Country Name ¹⁵	Belarus
Less-Favoured Region ²³ (YES/NO)	NO	Name of Less-Favoured Region ²³	

Scientific officer in charge of the work ⁴⁷				
Title (Dr, Prof., ...)	Prof. Dr.	Gender ⁹	<input checked="" type="checkbox"/> F	<input type="checkbox"/> M
Family Name	Yanchevskii			
First Name	Vyacheslav			
Telephone No ¹⁶	(375-17)2841957	Fax No ¹⁶	(375-17)2840915	
E-mail	yanch@im.bas-net.by			

Budget and Training	
Young Researchers ²⁵ (person-months)	0
Ex-International Post-doc Fellow Active in Team ²⁴ (YES / NO)	NO
Exceptional EC Contribution Requested for Equipment ^{26,48} (in euro)	0
EC Contribution Requested ²⁶ (in euro)	10000

Declaration	
I certify that the above information is accurate and that my organisation has agreed to participate in this proposal. ²⁸	
Authorised Signatory ⁴⁹ (Full name in capitals)	Yanchevskii Vyacheslav
Position in Organisation	Head of Algebra Department
Date (DD/MM/YYYY)	16/04/2001
Signature of authorised person	

Research Training Networks Proposal Form – Form B (1/2)



EN F 1 FP5RTN	<input type="text"/>	<input type="text"/>
FOR COMMISSION USE ONLY	<input type="text"/>	<input type="text"/>

Proposal Acronym ³	<input type="text"/>	<input type="text"/>	<input type="text"/>
-------------------------------	----------------------	----------------------	----------------------

B. Individual Participant Profile/Information ³²

Legal information on the participating organisation

Participant Role ³³	MB	Participant No ¹⁸	12	<input type="text"/>	<input type="text"/>
Registration No with the European Commission's Research Programmes ³⁴					
Organisation Legal Name ³⁵	Razmadze Mathematical Institute				
Short Name ¹⁹	RMI	Legal Registration No ³⁶	<input type="text"/>	<input type="text"/>	<input type="text"/>
Activity Type ²⁰	REC	Legal Status ²¹	GOV	If 'PRC', Specify ³⁷	<input type="text"/>
Business Area ³⁸ (NACE)	73	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Organisation details ³⁹

Annual turnover ⁴⁰	NA	Annual Balance Sheet Total ⁴¹	NA	Number of employees ⁴²	S4
Is Your Organisation independent ⁴³ ?					Y <input type="checkbox"/> N <input checked="" type="checkbox"/>
If No, please indicate name(s) of owner(s) who own 25 % or more ⁴⁴	Georgian Academy of Sciences				
Is Your Organisation affiliated to any other participant(s) in the proposal ⁴⁵ ?					
Y <input type="checkbox"/> N <input checked="" type="checkbox"/>					
If Yes, please indicate Participant No, Short Name(s) and character of affiliations(s) (D / I) ⁴⁶	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Address of the legal entity

PO Box ¹²	<input type="text"/>				
Street Name and Number	M. Alexidze St. 1				
Post Code ¹³	380093	Cedex ¹⁴	<input type="text"/>	<input type="text"/>	<input type="text"/>
Town/City	Tbilis				
Country Code ¹⁵	GE	Country Name ¹⁵	Georgia		

Research Training Networks Proposal Form – Form B (2/2)



EN G 1 FP5RTN	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FOR COMMISSION USE ONLY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Proposal Acronym ³			
Participant Role ³³	MB	Participant No ¹⁸	12

B. Individual Participant Profile/Information ³² (continued)

Address of the main department carrying out the work			
Department/ Institute Name	Razmadze Mathematical Institute		
PO Box ¹²			
Street Name and Number	M. Alexidze St. 1		
Post Code ¹³	380093	Cedex ¹⁴	
Town/City	Tbilisi		
Country Code ¹⁵	GE	Country Name ¹⁵	Georgia
Less-Favoured Region ²³ (YES/NO)	NO	Name of Less-Favoured Region ²³	

Scientific officer in charge of the work ⁴⁷				
Title (Dr, Prof., ...)	Prof.	Gender ⁹	<input type="checkbox"/> F	<input checked="" type="checkbox"/> M
Family Name	Pirashvili			
First Name	Teimuraz			
Telephone No ¹⁶	(995-32)334905	Fax No ¹⁶		
E-mail	pira@rmi.acnet.ge			

Budget and Training	
Young Researchers ²⁵ (person-months)	0
Ex-International Post-doc Fellow Active in Team ²⁴ (YES / NO)	NO
Exceptional EC Contribution Requested for Equipment ^{26,48} (in euro)	0
EC Contribution Requested ²⁶ (in euro)	10000

Declaration	
I certify that the above information is accurate and that my organisation has agreed to participate in this proposal. ²⁸	
Authorised Signatory ⁴⁹ (Full name in capitals)	Ivan Kiguradze
Position in Organisation	Director
Date (DD/MM/YYYY)	22/03/2001
Signature of authorised person	

Research Training Networks Proposal Form – Form B (1/2)



EN F 1 FP5RTN

FOR COMMISSION USE ONLY

--

Proposal Acronym ³			
-------------------------------	--	--	--

B. Individual Participant Profile/Information ³²

Legal information on the participating organisation

Participant Role ³³	MB	Participant No ¹⁸	13		
Registration No with the European Commission's Research Programmes ³⁴					
Organisation Legal Name ³⁵	Russian Academy of Sciences				
Short Name ¹⁹	RAS	Legal Registration No ³⁶			
Activity Type ²⁰	REC	Legal Status ²¹	GOV	If 'PRC', Specify ³⁷	
Business Area ³⁸ (NACE)	73				

Organisation details ³⁹

Annual turnover ⁴⁰	NA	Annual Balance Sheet Total ⁴¹	NA	Number of employees ⁴²	-						
Is Your Organisation independent ⁴³ ?					Y	<input checked="" type="checkbox"/>	N	<input type="checkbox"/>			
If No, please indicate name(s) of owner(s) who own 25 % or more ⁴⁴											
Is Your Organisation affiliated to any other participant(s) in the proposal ⁴⁵ ?								Y	<input type="checkbox"/>	N	<input checked="" type="checkbox"/>
If Yes, please indicate Participant No, Short Name(s) and character of affiliations(s) (D / I) ⁴⁶											

Address of the legal entity

PO Box ¹²					
Street Name and Number	Fontanka 27				
Post Code ¹³	191011	Cedex ¹⁴			
Town/City	Sankt-Petersburg				
Country Code ¹⁵	RU	Country Name ¹⁵	Russia		

Research Training Networks Proposal Form – Form B (2/2)



EN G 1 FP5RTN	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FOR COMMISSION USE ONLY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Proposal Acronym ³				
Participant Role ³³	MB	Participant No ¹⁸	13	

B. Individual Participant Profile/Information ³² (continued)

Address of the main department carrying out the work			
Department/ Institute Name	Laboratory of Algebra Steklov Mathematical Institute at St.Petersburg		
PO Box ¹²			
Street Name and Number	Fontanka 27		
Post Code ¹³	191011	Cedex ¹⁴	
Town/City	Sankt-Petersburg		
Country Code ¹⁵	RU	Country Name ¹⁵	Russia
Less-Favoured Region ²³ (YES/NO)	NO	Name of Less-Favoured Region ²³	

Scientific officer in charge of the work ⁴⁷				
Title (Dr, Prof., ...)	Dr., Prof.	Gender ⁹	<input type="checkbox"/> F	<input checked="" type="checkbox"/> M
Family Name	Panin			
First Name	Ivan			
Telephone No ¹⁶	(7-812)3124058	Fax No ¹⁶	(7-812)3105377	
E-mail	panin@pdmi.ras.ru			

Budget and Training	
Young Researchers ²⁵ (person-months)	0
Ex-International Post-doc Fellow Active in Team ²⁴ (YES / NO)	NO
Exceptional EC Contribution Requested for Equipment ^{26,48} (in euro)	0
EC Contribution Requested ²⁶ (in euro)	10000

Declaration	
I certify that the above information is accurate and that my organisation has agreed to participate in this proposal. ²⁸	
Authorised Signatory ⁴⁹ (Full name in capitals)	Ivan Panin
Position in Organisation	Head of Laboratory of Algebra
Date (DD/MM/YYYY)	18/03/2001
Signature of authorised person	