## **Proposal Submission Form**



Integrating Activities/ E-Infrastructures/ Preparatory Phase A2.1: Participants

Proposal Numbe	er	000000		Proposal Acronym	I			Participant Number		
If your organisa enter your Par		•	•	or FP7,	No	ot in use				
Organisation Le	egal na	me	National T	echnical University of Ath	ens					
Organisation short name		me	NTUA							
				Administrati	ve D	ata				
Legal address									_	
Hiroon Polyted			nnieou Street				] ,,			
Street name							Number	9		
Town	Zogra	Zografou Campus, Athens Postal C				Postal Co	ode/Cedex	15773		
Country	Greed	ce				]				
nternet homepa	ge	www.n	tua.gr							
			Stat	us of your Org	anis	ation				
Certain types of	organi	sations bei	nefit from s <sub>l</sub>	pecial conditions under	r the FI	P7 participa	ation rules.			
The Commission	also d	collects dat	ta for statist	tical purposes.						
The guidance no	tes wil	l help you	complete th	nis section.						
	_		-	roposal coordinator. If ust modify it in the prop	-					
Non-profit organisation						yes	yes			
Public body						yes				
Research organisation						no	no			
Higher or second	dary ed	lucation es	stablishmen	t			yes			
			1	Main area of activity (N	ACE c	ode)				
Higher education										

## **Proposal Submission Form**



Integrating Activities/ E-Infrastructures/ Preparatory Phase A2.2: Participants

		Pag	ge 2 out of 2
	no		
	yes		]
	yes		]
	yes		]
			_
SME. orms			
SME	no	)	
participa	int(s)		
nt(s) in this prop	osal?		
	no		
			_
Character of dep	endence		
None			
None			
None			
name(s)	Theodoros		
!	Sex	Male	
/NITHA // H: 1 F	DI :		

4. Are you an autonomous legal entity?						yes				
You are NOT an SME and/or your answer to In all other cases, you Please check the add	both questions 2 might conform to	2 and 3 is "NO". the Commissi	on's definitio							
Following this check,	do you conform t	o the Commissi	on's definitio	n of an	SME			no		
	Depende	encies wi	th (an)	othe	r par	ticipa	int(s	)		
Are there dependenci	es between your	organisation ar	nd (an)other p	participa	int(s) in	this prop	osal?			
if Yes:										
Participant Number	Orga	anisation Short Name			Charac	ter of dep	ependence			
0	-	-			None					
0	-				None					
0	-		None							
		C	ontact P	oint						
Person in charge (For is the one who the Co	the co-ordinator	(participant nur	mber 1) this p							
Family name	Alexopoulos	<u> </u>		First name(s)			Theodoros			
Title	Prof.							Sex	Male	
Position in the organis	sation	Associate Profe	ssor						1	
Department/Faculty/Ir	nstitute/Laborator	y name/		Physic	s/NTUA/I	High Ener	gy Physic	cs		
Address (if different fr	om the legal add	ress)								
Street name						Nu	mber	-		
Town -					Postal	Code/Ce	edex	-		
Country -					Phon	ne 1	+30 210	7723019		
Phone 2 +30 2	210 7723003	+30 210 772	210 7723025 E-mail			Theodoros.Alexopoulos@cern.ch				

1. Is your number of employees smaller than 250? (full time equivalent)

3. Is your annual balance sheet total smaller than € 43 million?

2. Is your annual turnover smaller than € 50 million?