Proposal Submission Form



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

Proposal Number 0000000				Proposal Acronym		DevDet		Participant N	umber	3				
If your organisa		-	_	or FP7,	No	t in use								
Organisation L	egal na	ıme	University of Oxford											
Organisation short name			UOXF											
				Administrativ	ve D	ata								
Legal address														
Street name	Wellir	ngton Square	e			Number	-							
Town	Oxfor	·d			Postal Co	l ode/Cedex	OX12JD							
Country	Unite	d Kingdom												
Internet homepa	age	www.ox	k.ac.uk			<u>'</u>								
			Stat	us of your Org	anis	ation								
Certain types of	organis	sations ber	nefit from s	pecial conditions under	the FI	P7 participa	tion rules.							
The Commission	n also d	collects data	a for statist	tical purposes.										
The guidance no	otes wil	ll help you d	complete th	nis section.										
	_		-	roposal coordinator. If y ust modify it in the propo										
Non-profit organ	nisation				yes									
Public body					yes									
Research organ	isation				yes									
Higher or secon	dary ec	ducation es		yes										
			ſ	Main area of activity (NA	ACE c	ode)								
Higher education		·	·											

Proposal Submission Form



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

						Page 2 out of 2
1. Is your number of	employees sma	ller than 250? (full tir	me equivalent)	no	
2. Is your annual turr	nover smaller tha	an € 50 million?				
3. Is your annual bala	ance sheet total	smaller than € 43 m	nillion?		no	
4. Are you an autono	mous legal entit	y?			yes	
You are NOT an SM and/or your answer t In all other cases, yo Please check the add	o both questions u might conform	s 2 and 3 is "NO". to the Commission'	s definition of			
Following this check,	do you conform	to the Commission'	's definition of	an SME	no	
	Depend	lencies with	ı (an)oth	ner partici	pant(s)	
Are there dependence	cies between you	ur organisation and ((an)other parti	cipant(s) in this p	roposal?	
					no	
if Yes:						
Participant Number	Or	ganisation Short Nar	me	Character of	dependence	
0	-			None]
0	-			None		
0	-			None		
		Con	tact Poir	nt		
Person in charge (Fois the one who the C	or the co-ordinate ommission will c	or (participant number contact in the first ins	er 1) this pers stance)	on		
Family name	Nomerotski		F	irst name(s)	Andrei	
Title	Dr.				Sex	Male
Position in the organ	isation	University Lecturer				
Department/Faculty/l	Department/Faculty/Institute/Laboratory name/				 S	

Participant Number (Organisation Short Name					Character of dependence									
0 -									None None								
							None										
					_	,	ntaat B	aint									
					·	,0	ntact P	oint									
Person in charg is the one who t	e (For he Co	the co-ordina mmission wil	ator (I con	(partic itact in	ipant nu the firs	uml st in	ber 1) this p nstance)	erson									
Family name Nomerotski								First name(s)			A	Andrei					
Title Dr.							-					Sex			Male		
Position in the organisation University Lecturer							er										
Department/Faculty/Institute/Laboratory name/							Department of Physics										
Address (if diffe	rent fr	om the legal a	addre	ess)													
Street name	Denys Wilkinson Building, Keble Road										\ \	Num	nber	-			
Town	Oxfo	xford							Postal Code/Cedex OX13RH								
Country	Unit	United Kingdom							Phone 1 +44 1865 273400								
Phone 2	+44 1	1865 273333			Fax		+44 1865 27	3418	'		E-ma	ail	A.No	merots	ski@ph	nysics.ox.a	ac.uk
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