

Proposal Submission Form



EUROPEAN COMMISSION
7th Framework Programme on
Research, Technological
Development and Demonstration

Integrating Activities/
E-Infrastructures/
Preparatory Phase

A2.1: Participants

Proposal Number Proposal Acronym Participant Number

If your organisation has already registered for FP7,

enter your Participant Identity Code

Organisation Legal name

Organisation short name

Administrative Data

Legal address

Street name Number

Town Postal Code/Cedex

Country

Internet homepage

Status of your Organisation

Certain types of organisations benefit from special conditions under the FP7 participation rules.

The Commission also collects data for statistical purposes.

The guidance notes will help you complete this section.

The status of the organisation is set by the proposal coordinator. If you would like to modify this information, the coordinator must modify it in the proposal set-up page

Non-profit organisation

Public body

Research organisation

Higher or secondary education establishment

Main area of activity (NACE code)

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A2.2: Participants

1. Is your number of employees smaller than 250? (full time equivalent)
2. Is your annual turnover smaller than € 50 million?
3. Is your annual balance sheet total smaller than € 43 million?
4. Are you an autonomous legal entity?

no
no
no
yes

You are NOT an SME if your answer to question 1 is "NO" and/or your answer to both questions 2 and 3 is "NO".

In all other cases, you might conform to the Commission's definition of an SME. Please check the additional conditions given in the guidance notes to the forms

Following this check, do you conform to the Commission's definition of an SME

no

Dependencies with (an)other participant(s)

Are there dependencies between your organisation and (an)other participant(s) in this proposal?

no

if Yes:

Participant Number

Organisation Short Name

Character of dependence

0
0
0

-
-
-

None
None
None

Contact Point

Person in charge (For the co-ordinator (participant number 1) this person is the one who the Commission will contact in the first instance)

Family name	Dr. Müller	First name(s)	Thomas		
Title	Prof.	Sex	Male		
Position in the organisation	Leading Scientist				
Department/Faculty/Institute/Laboratory name/...	CMS				
Address (if different from the legal address)					
Street name	Wolfgang-Gaedestraße		Number	1	
Town	Karlsruhe	Postal Code/Cedex	76131		
Country	Germany	Phone 1	+49 721 6083524		
Phone 2	+49 7247 825968	Fax	+49 721 6087930	E-mail	thomas.muller@physik.uni-karlsruhe.de