Place in this space the logo of the

university/ research Centre

Host Institution End STSM Approval

Host Supervisor: (Name in Charge)

Host Institution: (Name and Location of Home Institution)

I herewith certify that (Name of STSM Participant) has stayed at (Name of Research Group) of (Name of Research

Centre) from (Date of the Beginning of STSM) to (Date

of the end of STSM) under my supervision to carry out the STSM

Project (Title of STSM Project). Moreover, I inform that I

approve the Scientific Report written and delivered by the STSM grantee.

Signed by (Name in charge) at (Date of STSM proposal)

Signed by (Name of Head of Home Research Centre) at (Date of STSM proposal)