



## Digital signature page – Innovation in Diabetes Grant

Applicant	
Project title	
Amount requested SEK	
Start date	
Institution/University	
Email	

### Please answer the following questions:

1. Are you an early or mid career researcher ☐ Yes ☐ No
2. Do you have no more than 7 years of post-doctoral experience? ☐ Yes ☐ No

If no, please explain your eligibility, including all circumstances, dates, etc.  
Maximum 1 000 characters.

## Signatures

(In order to be able to sign, you will need to download the pdf to your computer).

### Applicant:

Name: .....

Signature: .....

### Head of Department:

Name: .....

Signature: .....

### Head of Finance:

Name: .....

Signature: .....

**Please send this digitally signed PDF by e-mail together with your application to the following address:**

[submit@diabeteswellness.se](mailto:submit@diabeteswellness.se)

Please quote "Innovation in Diabetes Research Grant 2025 – Sweden"