

Universitatea de Medicina si Farmacie Carol Davila



GRANTURILE DE CERCETARE “CAROL DAVILA”

- competitie interna 2020 - 2021

Regulament de desfasurare

Art 1. Această competiție se desfășoară în baza Statutului cadrelor didactice și a legii nr 1/2011 a educației naționale, cu modificările și completările ulterioare și se conformează deciziilor Senatului UMF Carol Davila București din 20.06.2018 și a Consiliului de Administrație din 13.06.2018.

Art 2. Participanții la competiția internă trebuie să fie angajați ai UMF Carol Davila București, pe perioada determinată sau nedeterminată, care nu au împlinit vârsta de **40 de ani** până la data limită a depunerii aplicației.

Art 3. Tema de cercetare a proiectului trebuie să se înscrie în temele de cercetare prevăzute de Planul de cercetare al UMF Carol Davila din București.

Art 4. Un proiect se consideră participant în procesul de evaluare în urma depunerii formularului de “**Cerere de finanțare**”, care va conține:

- Partea A: partea aplicantului, care va conține și propunerea de proiect de cercetare (în limba engleză), făcută de aplicant în colaborare cu centrul gazdă (care trebuie să fie dintr-o țară eligibilă pentru programul Horizon 2020);
- Partea B: recomandarea Sefului de Disciplina;
- Partea C: acordul coordonatorului de proiect din centrul gazdă;
- Partea D: acordul centrului gazdă, care acceptă să primească aplicantul și să desfășoare proiectul de cercetare propus, punând la dispoziție infrastructura.

Art 5. Durata bursei este de maxim 6 luni. Bursa se va finaliza prin depunerea unui raport detaliat.

Art 6. Bursa este în valoare de 2000 Euro/lună (TOTAL: max. 12000 Euro) și va începe în anul universitar 2020-2021.

Art 7. Direcția de Cercetare-Dezvoltare-Inovare va acorda consultanța în redactarea proiectului și va aviza în prealabil aplicațiile, după verificarea criteriilor de eligibilitate.

Art 8. Nu vor fi finanțate proiectele care au deja o altă sursă de finanțare.

Art 9. Competiția se desfășoară după următorul program:

- a. lansarea competiției: 19 martie 2021
- b. perioada de depunere aplicatii: 19 martie - 19 aprilie 2021 (se depun la Direcția de Cercetare-Dezvoltare-Inovare a UMF Carol Davila din Bucuresti, care le avizeaza)
- c. perioada de evaluare proiecte depuse: aprilie 2021
- e. interviu: 22-28 aprilie 2021
- f. afisarea castigatori burse: 30 aprilie 2021

Art 11. Comisia de evaluare va fi formata din specialisti, în conformitate cu tema de cercetare a proiectului. Evaluarea se va desfășura conform unei „Fise de evaluare”.

Art 13. Numărul MAXIM total de burse câștigătoare va fi de 2. Castigatorii editiilor precedente a proiectelor “Tineri cercetatori” sau a granturilor “Carol Davila” **nu pot aplica.**

Art 14. Bursele se desfasoara cu respectarea Regulamentului de deplasare in tara si in strainatate a UMF Carol Davila. Cadrele didactice care se deplaseaza in strainatate in cadrul acestor granturi nu pot avea initiativa incetarii contractului de munca pe o perioada egala cu de cinci ori cea a stagiului.

Art 15. Castigatorii granturilor au obligatia de a publica pe perioada grantului plus inca 6 luni dupa revenirea in tara a cel putin un articol intr-o revista cotate ISI cu un Factor de Impact mai mare sau egal cu 1,5.

Art 16. Toate articolele/lucrarile publicate de catre castigatorii granturilor in legatura cu aceste proiecte vor avea afilierea **OBLIGATORIE** a autorului la Universitatea de Medicina si Farmacie Carol Davila si specificarea sustinerii din partea UMF in cadrul acestui grant.

Art 17. Penalitatile corespunzatoare pentru nerespectarea prevederilor acestui regulament se vor regasi in contractul incheiat intre parti.

University of Medicine and Pharmacy Carol Davila

Research – Development –Innovation Department



“CAROL DAVILA” RESEARCH GRANTS 2020-2021

PART A

Applicant's name:

1. Applicant's date of birth and age:

2. Addresses:
 - a. Home:
 - b. Work:

3. Details of present appointment:
 - a. Employer/source of funding (university/hospital, department, discipline):
 - b. Grade/Status:
 - c. Date of entry to current grade:

4. Applicant's academic record (in date order):

Academic institution	Degree gained	Subject	Year of award

5. Postgraduate career including present employment (in date order, earliest first):

Place of work

Posts held

Dates

6. Research experience:

a. Summary:

b. Publications in refereed journals relevant to this application: names of co-authors, title, journal, title and page numbers, and IF (if available):

c. Abstracts in journals relevant to this application: names of co-authors, title, journal, title and page numbers, and IF (if available):

d. Participation to other grants or multicentric trials (international, national):

e. Book chapters, books:

f. Research awards:

7. Place where the research period would be held:

a. Department and hospital/university:

b. Institution address:

c. Telephone:

d. Fax:

e. Email:

8. Name and title of:

a. Head of the above department:

b. Proposed supervisor:

9. Please state briefly the considerations that led you to choose the Centre named at Part A:

10. Title of the Research Project:

11. Summary of the research proposal (maximum 300 words) prepared jointly with the proposed supervisor, including appropriate references (detailed proposal should be appended):

a. Background:

- b. Objectives and hypothesis:
 - c. Study design:
 - d. Methods:
 - e. Expected results:
 - f. References:
12. How the results will be disseminated (publications, abstracts, PhD thesis, etc):
13. Period for which the Research Grant is requested:
- a. Number of months:
 - b. Starting date:
 - c. Termination date:
14. Career intentions:
15. Present head of discipline to whom PART B has been passed:
- a. Name:
 - b. Address:
 - c. Telephone number:
 - d. Telefax number:
 - e. Email:
16. Present head or supervisor of the host institution to whom PART C has been passed:
- a. Name:
 - b. Address:
 - c. Telephone number:
 - d. Telefax number:
 - e. Email:
17. Administrative officer to whom PART D has been passed:
- a. Name:
 - b. Address:
 - c. Telephone number:
 - d. Telefax number:
 - e. Email:

If my application is successful, I agree to accept the conditions posed by the UMF Carol Davila:

Signature of applicant:

Date:

University of Medicine and Pharmacy Carol Davila

Research – Development –Innovation Department



“CAROL DAVILA” RESEARCH GRANTS 2020 - 2021

PART B

Applicant's name:

HEAD OF DISCIPLINE: the above named applicant has applied for a “Carol Davila” Research Grant. Could you please let the UMF Carol Davila have your views, on the following:

1. Applicant's scientific ability and suitability for a Research Grant:
2. Applicant’s ability to publish the results of the Research Grant:
3. Appropriateness of proposed project and centre:
4. Since when do you know the candidate? (date of entry in your department/institute)
5. Your name and title:
6. Address of discipline, Phone number, Fax number, Email:

Signature of Head of Discipline:

Date:

University of Medicine and Pharmacy Carol Davila

Research – Development –Innovation Department



“CAROL DAVILA” RESEARCH GRANTS 2020 - 2021

PART C

Applicant's name:

SUPERVISOR: the above named candidate has applied for a “Carol Davila” Research Grant of the University of Medicine and Pharmacy Carol Davila, Bucharest, Romania, to be held in your Department. Could you please let us have information, on the following:

1. Length of time you have known the candidate:
2. The amount granted by the university for a maximum of **6 months** is supposed to cover the running expenses (including daily subsistence of the awardee). Can this amount cover the cost of the proposed project and lead to its successful conclusion?
3. Describe the manner in which the proposed research project has evolved and the contribution of the applicant:
4. State your view on the candidate's ability and suitability for (further) research training and on any relevant points which you consider would be helpful to the university:
5. **CLINICAL APPLICANTS ONLY:** Would an honorary clinical contract be sought for the candidate ? YES / NO

If YES, please indicate:

- a. Level:
- b. Number of sessions:
- c. Specialty:
- d. Health authority:

6. Would the project involve human subjects? YES / NO
If YES, please attach evidence of local ethical committee approval or explain why in your view this is not required
7. Name and title of Head or Supervisor of Department (if different from the supervisor):
- a. Address:
 - b. Telephone number:
 - c. Fax number:
 - d. Email:
8. I am aware that an award under this scheme is normally administered through the medium of a fixed-term contract of employment for the research period, entered between the research grant recipient and the host institution. I confirm that I support this application and that if an award is made, the candidate would be accepted in the Department:

Signature of Head or Supervisor of Department:

Date:

Signature of Supervisor:

Date:

University of Medicine and Pharmacy Carol Davila
Research – Development –Innovation Department



“CAROL DAVILA” RESEARCH GRANTS 2020 - 2021
PART D

Applicant's name:

APPLICANT: Please enter below the name of the Department in which you wish to hold a Research working period and pass this sheet (with a copy of PART A, B, and C) to the appropriate ADMINISTRATIVE OFFICER (e.g. Finance Officer, Registrar, Bursar, Secretary, Director) of the proposed host institution.

ADMINISTRATIVE OFFICER: the above named candidate is applying for a “carol Davila” Research Grant of the University of Medicine and Pharmacy Carol Davila, Bucharest, Romania, to be used during a research period held at:

Department:

Institution:

An award under this scheme is normally administered through the medium of a fixed-term contract of employment for the research period, entered between the research grant recipient and the host institution. If an award is made, the UMF Carol Davila would of course liaise with the host institution on the grant level, starting date, and detailed administrative arrangements, but before the application can be considered it is necessary to have the confirmation below that the host institution would be willing, in principle, to offer an appointment.

1. I confirm that if the above named candidate is awarded a “Carol Davila” Research Grant, he will be offered an appointment by this institution for the research period in accordance with local social regulations and with the UMF Carol Davila terms and regulations.
2. The candidate will receive a grant of **12000** Euros maximum *per annum* from the UMF Carol Davila to cover running expenses and daily subsistence.
3. Statement whether health insurance (sickness and accident) is provided by the employing institution or whether it is on the applicant's own discretion and obligation

Finance officer/Registrar/Bursar/Secretary/Director (Please delete as appropriate):

Please add: Name and initials:

 Institution:

 Address:

 Telephone number:

 Fax number:

 Email:

Name and address and telephone number of the officer who should be contacted regarding the administration of the Research Grant if different from the above: