

Enclosure



HARALD JEANSSONS STIFTELSE

HARALD OCH GRETA JEANSSONS STIFTELSE

Personal information

Last name	First name	Date of birth	Female <input type="checkbox"/> Male <input type="checkbox"/>
Departmental address			
E-mail		Phone no.	
Academic degree		Dissertation (year)	

Project information

Project title (in Swedish and English)	
Previous grant funded by JS (SEK)	Year

Signature

Place	Date
Applicant's signature	

Please send enclosure to:

Raija Wallenborg
Astrid Lindgren Children's Hospital, Q2:09
Karolinska University Hospital
171 76 Stockholm

ENCLOSURE is to be received 7 days after electronic application deadline