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| HELLENIC REPUBLIC  MINISTRY OF EDUCATION AND RELIGIOUS AFFAIRS  ------ | EU flag-Erasmus+_vect_POS.jpg |
| STATE SCHOLARSHIPS FOUNDATION  (ΙΚΥ)  DIRECTORATE FOR SPECIAL PROGRAMMES  INTERNATIONAL SCHOLARSHIPS  UNIT FOR EUROPEAN UNION PROGRAMMES  ------ |  |

**Grant agreement for Erasmus+ Training**

**HIGHER EDUCATION – KA107 INTERNATIONAL MOBILITY**

**Agreement No \_\_\_\_\_\_\_**

[to be mentioned in all correspondence]

**The Programme Country Higher Education Institution**: Agricultural University of Athens

**Erasmus ID Code**: G ATHINE03

Address: Iera Odos 75,118 55 Athens, Greece

Called hereafter "**the Institution**", represented for the purposes of signature of this agreement by Professor N. Dercas, Vice Rector of Academic and Administrative Affairs

**of the one part**, and

Dr/Mr/Mrs/Ms [Participant name (s), forename (s)]

Nationality: Seniority in the position:

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[Official address in full]

**Phone**: Mobile Phone:

**E-mail:**  Fiscal ID (AFM): Fiscal Authority (DOY):

ID Card No / Passport: Issuing Authority: Issue Date:

Gender: [Male/Female/Undefined] Academic year: 20\_\_\_\_ /20\_\_\_

Department Unit: Country:

Sending Institution:

Social Insurance No:

Mobility for Teaching ☐ Mobility for Training ⌧

Participant with: ⌧a financial support from Erasmus+ EU funds   
 ☐ a zero-grant

The financial support includes: special needs support ☐

The participant receives financial support other than Erasmus+ EU funds 🞏

Institution to complete the following box (if it does not already have this information) for all participants receiving financial support from Erasmus+ EU funds.

Bank account where the financial support should be paid:

Bank account holder (if different than participant):

Bank name:

Clearing/BIC/SWIFT number:

Account/IBAN number: