Application to Gösta A Karlssons 60-årsfond for funding of research within psoriasis/psoriatic arthritis

Final date of application is June 15, 2021.

This application form is for Gösta A Karlssons 60-årsfond only. For application to Psoriasisfonden, please use the designated application form. Please note that the same project cannot apply for funding from both foundations.

Main applicant	Diago of work/anniving institution
Main applicant	Place of work/applying institution (Complete address, telephone number, email)
(Name, title)	(Complete address, telephone number, email)
Co-applicant	
(Name, title)	
Project name	
Toject name	
Draigat abatract (NOTE: In Coundists)	
Project abstract (NOTE: In Swedish.)	-dda (
Abstract shall include goal, purpose, method, expecte	ed result (mai, syfte, metod, forvantat resultat).

Abstract cont'd or other relevant informa	ation		
Funding/project information (please ch	eck all that apply)		
New funding		Total project cost in SEK	
Continued funding		Amount requested from Gösta A Karlssons 60-årsfond in SEK	
Have received/applied for funding (if yes, please specify in project b			
Extent of project		Project phase	
Full time		Start up/early stage	
Part time (please specify percent	age)	Established/full scale	
Required attachments			
Complete research programComplete project budget (see information)	mation document for key l	budget posts)	
Curriculum Vitae for main applicantList of publications		3 1	
 Progress report (required only for all Approval by ethics committee 	pplications for continued	funding, template provided)	
Place and date	Name and signature of r	main applicant	
	By signing this application usage of your personal d	on you confirm that you approve Psoria lata in accordance with GDPR regulati	asisförbundet's ons.

