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INTRA - Africa Academic Mobility Scheme

Before you begin completing this eForm:

- Test your connection to the Agency's online submission service. Click on the 'Test your connection' button in the footer of the eForm. This is not to submit your form but merely to test that your software settings and internet connection allow an application to be submitted. If having clicked on this button, you do not receive a confirmation that your connection was successful, please consult the 'Known Issues' section of the eForm homepage. Here you can find, amongst other things, advice on internet settings and Adobe (Reader or Acrobat) security settings, either of which can prevent a successful connection to the Agency's online submission service. Please note that, if after performing a successful test, you move your eForm to a different computer or upgrade your version of Adobe Reader, you will need to perform the test again. This is because the original test result will no longer be valid. For a fuller description of how the 'Test your connection' function works please consult the eForm User Guide.
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These resources and other useful links can be found in a table located at the end of this eForm. Click to access table.

Programme:	PAN-AFRICAN PROGRAMME	
Sub-programme:	HUMAN DEVELOPMENT	
Programme Guide / Call for Proposals :	EACEA-03-2019	
Action:	Intra-Africa Academic Mobility Schen	me
Sub-action:	N/A	
Deadline for submission :	12/06/2019	12:00 midday (Brussels time)
Project title *:		
Project acronym *:		
Language used to complete the form *:		
	771	

Submission number: 0000000000

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Test your connection



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List of partner organisations

Partner no	PIC	Role	Organisation Name	City	Country
P1		Applicant			
P2		Partner organisation			
P3		Associate Partner organis			
P4		Technical Partner			

Intra-Africa Mobility

VISUAL FORM

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Part A. Identification of the applicant and if applicable other organisation(s) participating in the project

Parts A and B must be completed separately for each organisation participating in the project

A.1 Organisation				
Partner number :	P1	PIC number :		
Role in the application:		Applicant		
Full name of the organisatio characters :	n in Latin			
Business name:				
Registration date :				
Registered address				
Street name and number :				Postcode:
Town:			Cedex:	PO Box:
Country:		Region * :		
Internet address:				
Telephone 1 :	Te	elephone 2 :	Fax:	



Title *:	Family name *:	First name	*:
Department / Faculty :			
Role in the organisation * :		E-mail address * :	
Check this how if th	e address is different from the addi	ress provided in section A.1	
Check this box ii th			
Address			Postcode :
Address Street name and number *		Cedex :	Postcode :
Address Street name and number * Town *: Country *:		Cedex:	



Title * : F	Family name * :	First name *:	
Role in the organisation * :		E-mail address *:	
Check this box if the a	ddress is different from the addre	ss provided in section A.1	
Address:			
Address: Street name and number *:			Postcode :
		Cedex:	Postcode : ————————————————————————————————————
Street name and number * :	Region * :	Cedex:	



Part B. Organisation a	nd activities			
B.1 Structure				
Status :				
Non Profit Organisation :				
NGO:				
Type of organisation *:				
B.2 Aims and activities of t	he organisation*			
Please provide a short prese by the project. (Max. 1000 co	-	ation (key activities, affiliatio	ns etc.) relating to the	domain covered
Please describe the role of th	ne organisation in the p	roject. (Max. 1000 characters,		
B.3 Other EU grants				
Please list the projects for which has received financial support			the management of	this application,
Programme or initiative*	Reference number*	Beneficiary Organisation*	Title of the Pro	oject*
Add a proje	ect			
Submission number: 000000000	Page 6	5 of 24	Validate form	Test your



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Please list other grant applications submitted by your organisation, or the department responsible, for this project proposal. For each grant application, please mention the EU Programme concerned and the amount requested.

Programme concerned*	Amount requested*
Add a programme	



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Part A. Identification of the applicant and if applicable other organisation(s) participating in the project

Parts A and B must be completed separately for each organisation participating in the project

A.1 Organisation				
Partner number :	P2	PIC number :		X
Role in the application *:		Partner organisation		
Full name of the organisation characters :	n in Latin			
Business name:				
Registration date :				
Registered address				
Street name and number :				Postcode:
Town:			Cedex:	PO Box:
Country:		Region *:		
Internet address:				
Telephone 1 :	Те	lephone 2 :	Fax:	



A.2 Legal representativ	ve / contact person			
Title * : Family name * :			First name *:	
Department / Faculty :				
Role in the organisation *:		E-mail address	;*:	
Check this box if th	e address is different from the add	dress provided in s	section A.1	
Address				
Street name and number *	:			Postcode:
Town *:			Cedex:	PO Box:
Country *:	Region * :			
Telephone 1 * :	Telephone 2 :		Fax:	



Part B. Organisation a	nd activities			
B.1 Structure				
Status :				
Non Profit Organisation :				
NGO:				
Type of organisation *:				
B.2 Aims and activities of t	he organisation*			
Please provide a short prese by the project. (Max. 1000 c	-	ation (key activities, affiliatio	ns etc.) relating to the	domain covered
Please describe the role of the	ne organisation in the p	roject. (Max. 1000 characters,)	
B.3 Other EU grants				
Please list the projects for which has received financial support			the management of	this application,
Programme or initiative*	Reference number*	Beneficiary Organisation*	Title of the Pro	oject*
Add a proj	ect			
Submission number: 000000000	Page 1	0 of 24	Validate form	Test your



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Please list other grant applications submitted by your organisation, or the department responsible, for this project proposal. For each grant application, please mention the EU Programme concerned and the amount requested.

Programme concerned*	Amount requested*
Add a programme	



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Part A. Identification of the applicant and if applicable other organisation(s) participating in the project

Parts A and B must be completed separately for each organisation participating in the project

A.1 Organisation						
Partner number :	P3	PIC number :		X		
Role in the application *:		Associate Partner organisation	n			
Full name of the organisation characters :	n in Latin					
Business name:						
Registration date:						
Registered address						
Street name and number :				Postcode:		
Town:			Cedex:	PO Box:		
Country:		Region *:				
Internet address:						
Telephone 1 :	Те	lephone 2 :	Fax:			



A.2 Legal representativ	ve / contact person		
Title *:	Family name *:	First na	ame * :
Department / Faculty :			
Role in the organisation *:		E-mail address *:	
	e address is different from the add	lress provided in section A	1
Address Street name and number *	:		Postcode :
Town *:		Cedex :	PO Box :
Country *:	Region * :		
Telephone 1 * :	Telephone 2 :	Fc	nx:



Part B. Organisation an	d activities			
B.1 Structure				
Status:				
Non Profit Organisation :				
NGO:				
Type of organisation *:				
B.2 Aims and activities of th	ne organisation*			
Please provide a short presen by the project. (Max. 1000 ch	-	ation (key activities, affiliation	ns etc.) relating to the	e domain covered
, and a second	,			
Please describe the role of the	e organisation in the p	roject. (Max. 1000 characters)		
B.3 Other EU grants				
Please list the projects for which has received financial support fr			the management of	fthis application,
Programme or initiative*	Reference number*	Beneficiary Organisation*	Title of the Pr	roject*
Add a projec	ct			
Submission number: 0000000000	Page 1	4 of 24	Validate form	Test your



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Please list other grant applications submitted by your organisation, or the department responsible, for this project proposal. For each grant application, please mention the EU Programme concerned and the amount requested.

Programme concerned*	Amount requested*
Add a programme	



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Part A. Identification of the applicant and if applicable other organisation(s) participating in the project

Parts A and B must be completed separately for each organisation participating in the project

A.1 Organisation				
Partner number :	P4	PIC number :		X
Role in the application *:		Technical Partner		
Full name of the organisatio characters :	n in Latin			
Business name:				
Registration date:				
Registered address				
Street name and number :				Postcode:
Town:			Cedex:	PO Box:
Country:		Region * :		
Internet address:				
Telephone 1 :	Te	lephone 2 :	Fax:	



A.2 Legal representativ	ve / contact person		
Title *:	Family name *:	First na	ame * :
Department / Faculty :			
Role in the organisation *:		E-mail address *:	
	e address is different from the add	lress provided in section A	1
Address Street name and number *	:		Postcode :
Town *:		Cedex :	PO Box :
Country *:	Region * :		
Telephone 1 * :	Telephone 2 :	Fc	nx:



Part B. Organisation a	nd activities			
B.1 Structure				
Status :				
Non Profit Organisation :				
NGO:				
Type of organisation *:				
B.2 Aims and activities of	the organisation*			
Please provide a short prese by the project. (Max. 1000 c		ation (key activities, affiliatio	ns etc.) relating to the	domain covered
Please describe the role of t	he organisation in the p	roject. (Max. 1000 characters,		
B.3 Other EU grants Please list the projects for which has received financial support			the management of	this application,
has received financial support Programme or initiative*	Reference number*	Beneficiary Organisation*	Title of the Pro	oject*
Add a proj	ect			
Submission number: 000000000	Page 1	8 of 24	Validate form	Test your



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Please list other grant applications submitted by your organisation, or the department responsible, for this project proposal. For each grant application, please mention the EU Programme concerned and the amount requested.

Programme concerned*	Amount requested*
Add a programme	

Connection test has not been performed!

Intra-Africa Mobility

VISUAL FORM

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Part C. Summary of the project or activities

C.1. Dates and Duration		
Start date *:	End date *:	Duration (months):
Project duration is 60 months.		
C.2 Summary of the project (ma	x. 2000 characters)	
For successful applications, this section gives a concrete overview of the work		ld therefore ensure that it
The reason of your project		
Concise description of the outp	outs and results	
The impact envisaged		
Please indicate the language of the sur	mmary * :	
Please provide your summary (Max. 20	00 characters) * ·	
(maxi 20	00 0.10.00000,	



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C.3 Budget

Grant requested from the European Union

Distribution of grant by organisation

Partner no.	PIC code	Organisation Name	Grant requested *
P1			
P2			
		Total grant requested	0,00€

D.Thematic fields

Education

011 Education

018 Inter-disciplinary programmes and qualifications involving education

Arts and Humanities

023 Languages

Natural sciences

052 Environment

058 Inter-disciplinary programmes and qualifications involving natural sciences, mathematics and statistics

Engineering, manufacturing and construction

0712 Environmental protection and technology

0713 Electricity and energy

0721 Food processing

078 Inter-disciplinary programmes and qualifications involving engineering, manufacturing and construction

Agriculture, forestry, fisheries and veterinary

081 Agriculture

082 Forestry

083 Fisheries

084 Veterinary

088 Inter-disciplinary programmes and qualifications involving agriculture, forestry, fisheries and veterinary

089 Agriculture, forestry, fisheries and veterinary not elsewhere classified



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Attachments

Detailed Description of the Action (.doc, or .docx, or .odt) *
Budget and Mobility Form (.xls, or .xlsx) *
List of master and doctoral programs (.xls, or .xlsx) *
Declaration on honour (.pdf) *
Mandates for partners (.pdf) *
Mandate for EU technical partner (.pdf) *
Legal Entity Form (.pdf) *
Financial Identification Form (.pdf) *



Submission number:	00000000



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Useful links

Item	Link
Agency's eForm homepage:	http://eacea.ec.europa.eu/eforms/index_en.php
eForm technical user guide	http://eacea.ec.europa.eu/eforms/index_en.php
Known technical issues :	http://eacea.ec.europa.eu/eforms/index_en.php#issues

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