

# University of Crete Special Account for Research Funds





| Category                                                  |                        |                                                                                                       |   |
|-----------------------------------------------------------|------------------------|-------------------------------------------------------------------------------------------------------|---|
| Category A - "Presentatio                                 | n of Research Results" |                                                                                                       |   |
| Title of Presentation (Red                                | quired)                |                                                                                                       |   |
|                                                           |                        |                                                                                                       |   |
| Date                                                      |                        |                                                                                                       |   |
| 16/04/2024                                                |                        |                                                                                                       |   |
| Research Team                                             | •                      |                                                                                                       |   |
| coordinator. The participation the travel expenses of one |                        | o (2) members, including the nference per proposal is allowed ar gible. Travel expenses include ticke |   |
| Submitted By /                                            | Coordinator            |                                                                                                       |   |
| Position (Required)                                       | First Name             | Last Name                                                                                             |   |
| Professor                                                 | <b>v</b>               |                                                                                                       |   |
| Department (Required)                                     |                        |                                                                                                       |   |
| Computer Science                                          |                        |                                                                                                       | ~ |
| Address (Required)                                        | Phone (Required)       | Email                                                                                                 |   |

**=** +30 ▼ 691 234 5678

Please fill in English

| Please declare the mo                                                                                            | embers of the research    | team who apply for tra     | vel expenses (Required) |
|------------------------------------------------------------------------------------------------------------------|---------------------------|----------------------------|-------------------------|
| Only the second mer postdoctoral researc  Both members (under                                                    | hers of UoC are eligible) | lents / postgraduate stude |                         |
| Position at UOC (Requi                                                                                           | ired)                     |                            |                         |
| <ul><li>UOC Faculty Member</li><li>UoC undergraduate s</li><li>students / PhD candi</li><li>researcher</li></ul> | student / postgraduate    |                            |                         |
| First Name (Required)                                                                                            | Last Name (Required)      | Position (Required)        | Department (Required)   |
|                                                                                                                  |                           | Undergraduate stuc         | Computer Science Y      |
| Scientific Cor  Type of Conference (R                                                                            | nference Detail           | S                          |                         |
| <ul><li>On site or hybrid</li></ul>                                                                              | equireu)                  |                            |                         |
| O Online                                                                                                         |                           |                            |                         |
| Please select the regi                                                                                           | on (Required)             |                            |                         |
|                                                                                                                  |                           | nearby areas like Middle E | ast, North Africa,      |
| Conference Title (Requ                                                                                           | uired)                    |                            |                         |
|                                                                                                                  |                           |                            |                         |
|                                                                                                                  |                           |                            |                         |

# Location

| City (Required)                                                       |                        | Country (Required) |                                |
|-----------------------------------------------------------------------|------------------------|--------------------|--------------------------------|
|                                                                       |                        |                    |                                |
| Organizing Authority / Body                                           | <b>y</b> (Required)    |                    |                                |
| Conference Date                                                       | S                      |                    |                                |
| Eligibility Conditions: The property expiration date of this call and |                        |                    |                                |
| Start Date (Required)                                                 |                        | End Date (Requ     | uired)                         |
| mm/dd/yyyy                                                            |                        | mm/dd/yyyy         |                                |
| Method of Participation / P                                           | resentation (selec     | t all that apply   | ) (Required)                   |
| ☐ Attending a special session                                         | or panel               |                    |                                |
| ☑ Oral presentation or poster                                         | / e-poster             |                    |                                |
| Attending a workshop                                                  |                        |                    |                                |
| Necessary Docur<br>Proposal<br>A. Previous Grant                      |                        | or the Rai         | nking of the                   |
|                                                                       | ator has received fur  |                    | egory A programs (or Type I of |
| (You may enter up to 3 previo                                         |                        |                    | 021 Call to date)              |
| Previous Grants by ELKE                                               | 1st Funding <i>(Re</i> | equired)           | Please enter the ELKE          |
| (Required)                                                            | Yes                    |                    | Project Number KA: (Required,  |
| Yes                                                                   | O No                   |                    |                                |
| O No                                                                  |                        |                    |                                |

| 2nd Funding (Required) | Please enter the      | 3rd Funding (Required) |
|------------------------|-----------------------|------------------------|
| <ul><li>Yes</li></ul>  | ELKE Project          | O Yes                  |
| O No                   | Number KA: (Required) | <ul><li>No</li></ul>   |
|                        |                       |                        |

#### **B. Recent Activity in Conferences**

(Please list only the participations where you made a presentation or you were a panel/session member / You may enter up to 6 participations / Period from 1/2/2019 to date)

How many times the Coordinator has participated in Conferences in the last 6 years?

(Required)

- O None
- O 1st Participation
- O 2nd Participation
- O 3rd Participation
- O 4th Participation
- O 5th Participation
- 6th Participation

Upload certification for 1st Participation (*Required*)

**Περιήγηση...** Δεν επιλ... αρχείο.

Accepted file types: pdf, jpg, gif, png, Max. file size: 50 MB.

Please upload a single file. You may include a certificate of attendance and/or other relevant proof of participation.

Upload certification for 2nd Participation (Required)

Περιήγηση... Δεν επιλ... αρχείο.

Accepted file types: pdf, jpg, gif, png, Max. file size: 50 MB.

Please upload a single file. You may include a certificate of attendance and/or other relevant proof of participation.

Upload certification for 3rd Participation (Required)

**Περιήγηση...** Δεν επιλ... αρχείο.

Accepted file types: pdf, jpg, gif, png, Max. file size: 50 MB.

Please upload a single file. You may include a certificate of attendance and/or other relevant proof of participation.

Upload certification for 4th
Participation (Required)
Περιήγηση... Δεν επιλ... αρχείο.

Accepted file types: pdf, jpg, gif, png, Max. file size: 50 MB.

Please upload a single file. You may include a certificate of attendance and/or other relevant proof of participation.

Upload certification for 5th Participation (Required)

Περιήγηση... Δεν επιλ... αρχείο.

Accepted file types: pdf, jpg, gif, png, Max. file size: 50 MB.

Please upload a single file. You may include a certificate of attendance and/or other relevant proof of participation.

Upload certification for 6th Participation (Required)

Περιήγηση... Δεν επιλ... αρχείο.

Accepted file types: pdf, jpg, gif, png, Max. file size: 50 MB.

Please upload a single file. You may include a certificate of attendance and/or other relevant proof of participation.

### C. Invitation or Acceptance

Have you been invited to the proposed Conference/Workshop or has your participation already being accepted?

(Required)

O No

Yes

Upload certification (Required)

**Περιήγηση...** Δεν επιλέχθηκε αρχείο.

Accepted file types: pdf, jpg, gif, png, Max. file size: 50 MB.

Please upload a single file. You may include an official invitation from the organizing authority and/or other relevant proof of acceptance.

## **Project Financial Data**

| Registration Fees - Amount (€) | Balance    |
|--------------------------------|------------|
|                                | 1.500,00 € |
| Tickets - Amount (€)           | Balance    |
|                                | 1.500,00 € |
| Accommodation - Amount (€)     | Balance    |
|                                | 1.500,00 € |
| Daily Allowance - Amount (€)   | Balance    |
|                                | 1.500,00 € |

| Total Budget                                  |
|-----------------------------------------------|
| 0,00€                                         |
| Terms & Conditions (Required)                 |
| Με ατομική μου ευθύνη και γνωρίζοντας τις κυρ |
| TO THE 6 TO 1 40 POOL 22 TO 1 N 1500/1006 (1) |

Mε ατομική μου ευθύνη και γνωρίζοντας τις κυρώσεις που προβλέπονται από της διατάξεις της παρ. 6 του άρθρου 22 του N. 1599/1986, ως Επιστημονικά Υπεύθυνος/η της Πρότασης Προγράμματος Κατηγορίας Α που υποβάλλω προς αξιολόγηση στην Επιτροπή Ερευνών του ΠΚ, δηλώνω ότι: 1. Κατά τη διάρκεια υλοποίησης του έργου, δε θα βρίσκομαι σε άδεια οποιασδήποτε μορφής (εξαιρούνται η εκπαιδευτική άδεια καθώς και οι άδειες μητρότητας και ανατροφής τέκνων). Το ίδιο ισχύει για το δεύτερο μέλος της ομάδας σε περίπτωση που είναι μέλος ΔΕΠ και αιτείται μετακίνηση 2. Τα μέλη της Ερευνητικής Ομάδας που αιτούνται χρηματοδότηση δε συμμετέχουν σε έργα του ΕΛΚΕ Π.Κ. που μπορούν να χρηματοδοτήσουν τη συγκεκριμένη μετακίνηση. 3. Είμαι ενήμερος/η ότι, σε περίπτωση ανακριβούς δήλωσης, προβλέπονται η επιστροφή της χρηματοδότησης και ποινή αποκλεισμού από μελλοντικές χρηματοδοτήσεις, με απόφαση της Επιτροπής Ερευνών.

I have read and agreed with the following (Required)

the Regulations of the Research Funding Program

the Terms of the Personal Data Process

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