

**HOST PDI/PIF VISITOR AT ZTF/FCT**

Application data	
<b>PDI of the ZTF/FCT</b>	
Name and Surname	_____
Contact telephone number	_____ Ext ZTF/FCT _____
Department	_____
<b>PDI/PIF visitor</b>	
Name and Surname	_____
DNI/Passport	_____
Status (undergraduate/predocctoral/ postdoctoral/visiting professor/ others	_____
Contact telephone number	_____ Ext ZTF/FCT _____
Department	_____
Office/Local/Laboratory	_____
Start date/end date	_____
Home Universidad/ research centre	_____
Country	_____

<b>Remarks</b>

I accept the conditions of use of facilities and I DECLARE that I known the security measures. .          <p style="text-align: right;">**Visitor</p>	VºBº Director Depart.       <p style="text-align: center;">Director          Depart.</p>	I authorize the use of the facilities       <p style="text-align: center;">Dean of the          ZTF/FCT</p>
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***This document is only valid for the opening hours of the centre.***

***\*\* A photocopy of the insurance is attached.***