

**THE SCIENTIFIC AND TECHNOLOGICAL RESEARCH COUNCIL OF
TURKEY (TUBITAK) - BİDEB**

**2216-RESEARCH FELLOWSHIPS FOR FOREIGN
COUNTRY CITIZENS
REPORT OF THE HOST***

To The Host:

- *The Scientist (fellow) named below has come to your university/institution for research upon your invitation. We will appreciate if you could kindly fill this form and return it to “TÜBİTAK-BİDEB Tunus Cad. No: 80, 06100 Kavaklıdere, ANKARA - TURKEY” at most within 15 days after his/her departure.*

CONFIDENTIALITY: *Some of the information contained in this report and its attachments may be communicated to outside parties. Please identify any sections which can not be communicated and give your reasons for this.*

A) ABOUT THE VISITING SCIENTIST

Name : **Surname** :

Title : **Nationality** :

Field Of Research :

Title Of The Research Done :

Duration Of The Visit :

Arrival And Departure Dates :

B) VISIT DETAILS

- **State clearly if and/or how the objectives of the research programme as stated at the application form are met? ***

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- **Specify joint seminars, conferences, lectures participated and/or organized.**

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- **Do you have or expect any publications from the research/work done? ****

Yes No

If your answer is "Yes" please specify

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- **Do you have any plans for future collaboration with the visitor in Turkey, or in visitor's country?**

Yes No

If your answer is "Yes" please specify

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** Use additional pages if necessary*

**** The support received from TÜBİTAK will be clearly acknowledged in all publications concerning the study realized during the fellowship period.**

• **In your opinion, are the goals of the visit fulfilled?**

Yes No

If your answer is “No” please mark the boxes accordingly.

- Because of the communication difficulties in foreign language.
- Because of the visitor’s adaptation to a new environment and culture.
- Because of the working atmosphere at the laboratories/university/institution.
- Because of the insufficiency in infrastructure in our lab.
- Because of the lack of the necessary academic background of the visitor.
- Other (please specify) *

• **Was the accommodation arranged by your university/institution?**

Yes No

• **Your personal critics and/or suggestions about the visitor/programme (if any)**

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PLEASE PROVIDE ANY COMMENT YOU MAY HAVE ABOUT THE ADMINISTRATION OF THE PROGRAMME AND SUGGESTIONS FOR HOW THE SCHEME MIGHT BE IMPROVED OR DEVELOPED. *

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C) ABOUT THE HOST

Name : **Surname** :

Title :

Department/University :

Correspondence Address :

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Phone : **Mobile Phone:** _____

Fax : **E-mail** :

Date

Signature

..... / / 20.....

** Use additional pages if necessary.*