**合作创新研究团队项目申报承诺书**

**（校内留底）**

根据国家自然科学基金委的相关要求，外籍学者依托本单位申报国家自然科学基金**合作创新研究团队项目**，双方签订如下项目申报支持协议：

According to relevant requirements of NSFC, the host institution and the international scientist (hereinafter referred to as the Parties) sign the following agreement to support the scientist in applying for the **International Collaboration Fund for Creative Research Teams (ICFCRT)**.

**一、申请人信息(Information of the Applicant)**：

姓名(Name)： 职称(Professional title)：

国籍(Nationality, be consistent with that shown on the cover of the application form) ：

护照号(Passport No.)：

**二、项目期限(Project Duration)**： 01/01/2025 - 12/31/2027

**三、双方权利与义务(Rights and Obligations of the Parties)**

1. 申请人承诺，如若项目获资助，保证资助期内每年（自然年）在依托单位从事研究工作的时间在**6个月以上**；并确保在中国工作期间遵守中国法律法规及自然科学基金的各项管理规定。

The applicant agrees to conduct research work at the host institution for **no less than 6 months per year (calendar year)** during the implementation of the awarded project; and ensure the compliance with Chinese laws and relevant rules and regulations of NSFC while conducting research in China.

1. 申请人同意国家自然科学基金委员会存储、处理和传输申请人的个人信息（包括但不限于：申请人的姓名、专业技术职务(职称)、研究领域和专业、国家、性别、出生日期、电话号码、邮寄地址、电子邮件地址、目前所在大学/研究机构）和申请材料用于联络和沟通管理、评审和资助管理、证明符合研究资助条件、审计与统计等。申请人同意在评审过程中与评审专家分享数据。申请人已知晓本人有权在任何时候通过发邮件至icfcrt@nsfc.gov.cn以书面形式部分或全部撤回个人许可。如果个人许可被撤回，在被撤回之前对个人数据进行的任何处理都不应被视为存在异议。

The applicant hereby agrees to NSFC’s storing, processing and transferring the personal information (including but not limited to: surname, first name, academic title, field of research and specialism, country, gender, date of birth, telephone number, postal address, e-mail address, current university/research institution) and the application materials required for the purposes of relationship and communication management, review and funding management, demonstration of compliance with research funding conditions as well as for audit and statistical purposes. The applicant consents to share the data with the reviewers in the course of the application evaluation process. The applicant is aware that he/she can withdraw his/her consent, partially or wholly, at any time, by writing to fis@nsfc.gov.cn. If the consent is withdrawn, any processing of the data which occurred on his/her consent before the withdrawal of the same shall not be considered objectionable.

1. 中山大学XX学院/医院已对本单位申请人所提交申请材料的真实性、完整性和合规性，编制项目预算的目标相关性、政策相符性和经济合理性进行审核。在项目资助期间，中山大学XX学院/医院保证为申请人提供相应的生活待遇和项目执行必需的工作条件。

The XX College/Hospital of Sun Yat sen University has ensured authenticity, completeness and compliance of the proposal documents submitted by the applicant, as well as the relevance of objectives, policy consistency and economic rationality of the project budget. During the grant duration, the XX College/Hospital of Sun Yat sen University will provide necessary living and working conditions for the applicant.

申请人（签字）： 单位（公章）：中山大学XX学院/医院

学院/医院负责人（签章）：\_\_\_\_\_\_\_\_\_\_\_\_\_\_

日期： 日期：