









BIP User Form

Biomolecular Interaction Platform

1. Applicant :	
■ Full name :	
■ Workplace :	
■ E-mail :	
■ Phone :	
2. Principal Investigator (if different from the	applicant) :
■ Full name :	
■ Workplace :	
■ E-mail :	
■ Phone :	
3. Service Levels :	
■ Level 1: (PHD Students)	
■ Level 2: (Researchers with a minimum o	of 5 years' experience)
 Level 3: (Principal Investigator of current 	tly funded projects)
I certify that the data supplied in this form are the general and specific guidelines.	e correct and in compliance with
Date:	
Signature of Applicant Si	ignature of Principal Investigato