Professor Dr Max Cloëtta Foundation
Leimbachstrasse 225, 8041 Zurich

www.cloetta-foundation.ch

Application for a Cloëtta Medical Research Position Call 2026

1. Applicant

Last name: | First name:

Nationality: | Academic degree:

Current position:

Name of Swiss Host Institution:

Address of Swiss Host Institution:

Office Tel Number: | Office E-Mail:

Home Address:

Mobile Tel Number: | Home E-Mail:

Date of birth: | Marital status:

Children (incl. date of birth):

2. Studies

University	Faculty	Diplomas (degree & date)

3. Previous Professional Activities

4. Planned Work during the Cloëtta Research Position

Place of work and responsible person:

Title and Short summary of the project:

Current state of research in this field:

Former research of the applicant in this field:

Short summary of your research plan:

Relevance of the expected results:

If applicable, share %s on 1) clinical research & teaching and 2) clinical activity:

5. Other funding sources (already received and present):

Donor	From	Until

6. Parallel funding applications:

Institution	Rejected	Pending	Expected date of decision	Amount applied for
	☐	☐		
	☐	☐		
	☐	☐		

7. Short explanatory statement for your application (max. 600 characters)

8. Finances

The salary should be equivalent to the level of a local assistant professorship or an equivalent position.

The remittances shall be made by the Foundation on an annual basis to the administration of the University, Clinic, or Institute the beneficiary works for. The administration in charge of finances will then pay salary, expenses, social security contributions, insurance etc. The undersigned acknowledges herewith to have taken duly note of the guidelines laid down for Cloëtta posts for medical research.

Place and date:

Signature of Applicant

Print name

Confirmation of the Director of the University, Clinic, or Institute:

I confirm herewith that the present application has my full support and that I have taken duly note of the guidelines laid down for Cloëtta posts for medical research.

Place and date:

Signature of Host Institute

Print name

Enclosures:

✓ CV & 5–10 most important publications

✓ Detailed project description and research plan (10–20 pages incl. references)

✓ Letter of recommendation of the Director of the University, Clinic, or Institute