

**STATEMENT
ON PRESENCE/ABSENCE OF CONFLICT OF INTERESTS**

I,

_____,
as a reviewer/member of call commission (underline) for the projects selection funded by grant support of the National Research Foundation of Ukraine in order to avoid any impartiality and prejudice during the consideration or reviewing of projects, submitted for the call, inform that at the time of signing this statement (registration number and project name _____):

I have family relations with project team members;

Yes/No

<input type="checkbox"/>	<input type="checkbox"/>
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I am or was employed (during the last three years prior to the announcement date of the call) in an organization that is a participant of the competitive selection;

Yes/No

<input type="checkbox"/>	<input type="checkbox"/>
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I am or was (during the last three years prior to the announcement date of the call) a member of supervisory or controlling bodies in an organization that is a participant of the competitive selection;

Yes/No

<input type="checkbox"/>	<input type="checkbox"/>
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I am or was the scientific supervisor of at least one of the project team members;

Yes/No

<input type="checkbox"/>	<input type="checkbox"/>
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I have or had (during the last three years prior to the announcement date of the call) a scientific supervisor among the project team members;

Yes/No

<input type="checkbox"/>	<input type="checkbox"/>
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I have or had (during the last three years prior to the announcement date of the call) joint scientific publications with at least one of the project team members or participated in joint scientific projects;

Yes/No

<input type="checkbox"/>	<input type="checkbox"/>
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I have a personal conflict with at least one of the project team members;

Yes/No

<input type="checkbox"/>	<input type="checkbox"/>
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I have other close scientific or commercial cooperation that may affect objectivity of the project reviewing (specify if necessary);

Yes/No

<input type="checkbox"/>	<input type="checkbox"/>
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I have other direct scientific or commercial competition that may affect objectivity of the project reviewing (specify if necessary);

Yes/No

<input type="checkbox"/>	<input type="checkbox"/>
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I am the PI or a team member of the project involved in expert reviewing, consideration and rating

Yes/No

Full Name _____

Affiliation, position _____

Research degree, academic title _____

_____/_____
Signature Full name

« _____ » _____