Regulations of the Prof. Valentin Djonov Fellowship for

Bulgarian physicians and researchers staying at the medical faculty of the

University of Bern

Subject

Every year, the medical faculty of the University of Bern, in cooperation with the Medical University of Sofia, awards one-month fellowships to 4 to 5 Bulgarian physicians and researchers. This is intended to finance a knowledge exchange for young and talented junior staff.

§ 1 Means

The fellowships, each amounting to a maximum of CHF 2,500, are financed from free, third-party funds from the third-party credit account 35-817. This includes third-party funds raised by Prof. Valentin Djonov. These funds are listed as a separate asset item in the faculty assets.

§ 2 Asset management

The third-party credit account is managed by the Medical Dean's Office as part of the faculty assets.

§ 3 Procedure

The scholarship committee of the Medical University of Sofia is responsible for the pre-selection of candidates to be considered by the Medical Faculty of Bern.

Applications are evaluated twice per year, on October 1st and February 1st, and two to a maximum of three candidates are selected in each evaluation period. Their documents are then evaluated by the Medical Faculty of Bern, with the involvement of Prof. Valentin Djonov. The candidacy can be accepted or rejected; there is no legal entitlement to accept a candidate.

The period of time and the host institute/host clinic at the Medical Faculty of Bern (or another institution in Switzerland) are then determined.

It is possible to be accepted into the fellowship program without obtaining funding. The Medical Faculty of Bern will support such candidates in finding a suitable training position for the duration of their stay. In this case, the candidate must provide evidence of an alternative financial source.

§ 4 Application

The applications are open to young, creative, talented and responsible physicians and researchers in the field of biomedical research who are employed in Bulgaria.

The application should highlight the applicants professional and research skills as well as their motivation for applying.

Very good language skills in German and/or English are required.

§ 5 Application documents (German or English)

The following documents must be enclosed with the application dossier in the following order:

1. Letter of motivation stating why you are applying for the fellowship and how you can benefit from it scientifically and professionally.

2. Detailed curriculum vitae with information on previous scientific and professional development (max. 3 pages).

3. Publication List

4. Signed copy of these regulations

The letter of motivation and the accompanying documents should be sent as a PDF file by email to the following address:

Prof. Valentin Djonov MD, Institutes of Anatomy, University of Bern Baltzerstrasse 2 CH-3012 Berne Switzerland Phone: +41 31 684 8432 / 8431 e-mail: valentin.djonov@unibe.ch

§ 6 Compensation for expenses

The candidate has the status of a visiting scientist at the University of Bern according to the corresponding information sheet from the Human Resources department. She or he will receive an expense allowance of up to CHF 2,500 in accordance with the leaflet. This expense allowance covers the costs of transport, accommodation and meals and is not considered as salary. The payment is made through the finance department of the university.

§ 7 Obligations of the Fellows

At the end of their stay in Switzerland, the fellows are obliged to submit a written report to Prof. Valentin Djonov in which they describe their impressions as well as the knowledge and skills they have gained.

Final Provisions

1. Only complete dossiers can be checked. All of the above documents must be submitted by the registration deadline.

2. Rejected candidates can apply again.

3. In the event of an application, the applicant agrees to the provisions of these regulations.

4. The regulations come into effect on September 1, 2022.

Name of the medical facult	/ :
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Prof. Dr. Claudio Bassetti, dean

I have taken note of the above regulations:

Name first Name:/	
Place and date:	
Signature:	
Signature.	