**ANNEX 5-ANNUAL MONITORING REPORT OF THE “FOLIUM” PROGRAM**

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| **Name and surname:** |  |
| **STI Code:** |  |
| **Project code:** |  |
| **Group name:** |  |
| **Group leader:** |  |

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| --- |
| **Annual report number:** |

*A maximum extension of 5 pages is recommended.*

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| Activities carried out |
| Evidence to demonstrate the work done |
| Mobility (if applicable, attach proof) |
| Training (attach proof) |

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| Other explanations |

And in proof of compliance:

|  |  |
| --- | --- |
| Signature of the researcher  Name:  Date: | Signature of the person responsible  from the research group  Name:  Date: |