



HELLENIC REPUBLIC
MINISTRY OF EDUCATION AND
RELIGIOUS AFFAIRS, CULTURE
AND SPORTS



Πρόγραμμα
δια βίου
μάθησης

STATE SCHOLARSHIPS FOUNDATION
(I.K.Y.)
DIRECTORATE FOR SPECIAL
PROGRAMMES
AND INTERNATIONAL
SCHOLARSHIPS
UNIT FOR EUROPEAN UNION
PROGRAMMES

ERASMUS Placement Offer Form

EMPLOYER INFORMATION	
Name of Organization	DEPARTMENT OF ANATOMY AND PHYSIOLOGY OF FARM ANIMALS, FACULTY OF ANIMAL SCIENCE AND AQUACULTURE, AGRICULTURAL UNIVERSITY OF ATHENS
Address	75, IERA ODOS, VOTANIKOS
Postal Code	118 55
City	ATHENS
Country	GREECE
Telephone	+30-210-529 4387
Fax	+30-210-529 4388
e-mail	gtheo@aua.gr
Website	http://zp.aua.gr/en/node/129
Number of Employees	6
Year of Foundation	1920
Contact Person	Georgios Theodoropoulos, D.V.M., M.S., Ph.D.
Department/Function	Director

Direct Telephone Number	+30-210-529 4387
Direct Mobile	
Direct e-mail address	gtheo@aua.gr
Short Description of the Company (Please attach profile of your company, max 1 page)	http://zp.aua.gr/en/node/129
Other	

PLACEMENT INFORMATION	
Number of positions offered for student placement	1
In the Department/Function (where the position is offered)	Laboratory of Parasitology
Description of activities the student will be involved in	Molecular characterization of <i>Echinococcus granulosus</i>
Duration	3 months
Working Hours/Weekly Hours	8 /40
City	Athens, Greece
Help with finding Accommodation	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Financial Contribution	<input type="checkbox"/> Yes € <input checked="" type="checkbox"/> No
Other	
REQUIREMENTS	
Study Field	Veterinary
Oral and Written Language Skills	<input type="checkbox"/> Greek (level:) <input checked="" type="checkbox"/> English (level: B2) <input type="checkbox"/> French (level:) <input type="checkbox"/> German (level:) <input type="checkbox"/> Other (level:)
Computer Skills	WORD, Internet, e-mail
Drivers license	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other	

Should you have any questions, please do not hesitate to contact us
(E-mail: elinamav@iky.gr, tel. 210-3726388)

Place _____ Athens _____ Date _____ 22 Feb. 2013_

Signature _____

Please return this form by e-mail to the Hellenic LLP National Agency/IKY: elinamav@iky.gr