

**REPORT ON PROJECT IMPLEMENTATION IN
THE YEAR UNDER THE COMPETITION FOR:**

- **A SPECIAL PROJECT***
- **A PROJECT FOR DOCTORAL STUDENTS***

Project number:

1. Project Manager:

.....

(title/degree, full name, position held, phone, business email)

2. Team members:

.....

(title/degree, name, surname)

.....

(title/degree, name, surname)

.....

(title/degree, name, surname)

3. Completed scientific tasks:

No.	Scientific task (included in the application)	Effect of task implementation	Costs
TOTAL:			

4. Description of the impact (influence) of the implemented project on the socio-economic environment (main conclusions, characteristics and evidence, max. 4500 characters):

.....
.....
.....

.....
(date and signature of the Project Manager)

FORMAL EVALUATION:

The report meets/does not meet* formal requirements

.....
(date and signature of Institute Director/Chair Head)

SUBSTANTIVE EVALUATION:

The Council recognizes the research work order as **completed/not completed*** in accordance with the application qualified for funding.

Council comments:

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.....
(signature of the Chairman of the Council)

*delete as appropriate

**ANNUAL REPORT
ON PROJECT IMPLEMENTATION IN THE YEAR**

Project number:

1. Project Manager:

.....
(title/degree, full name, position held, phone, business email)

2. Team members:

.....
(title/degree, name, surname)
.....
(title/degree, name, surname)
.....
(title/degree, name, surname)

3. Completed scientific tasks:

No.	Scientific task (included in the application)	Effect of task implementation	Costs
TOTAL:			

.....
(date and signature of the Project Manager)

FORMAL EVALUATION:

The report meets/does not meet* formal requirements

.....
(date and signature of Institute Director/
Chair Head/ Vice-Rector in charge of Science)

SUBSTANTIVE EVALUATION:

The Council hereby gives the implementation of the project a **positive/negative* rating**.

Council comments:

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.....
(signature of the Council Chairperson/ Vice-Rector in
charge of Science)

* delete as
appropriate

**FINAL REPORT
ON RESEARCH PROJECT IMPLEMENTATION IN THE YEARS.....**

Project number:

1. Project Manager:
.....
(title/degree, full name, position held, phone, business email)

2. Team members:
.....
(title/degree, name, surname)
.....
(title/degree, name, surname)
.....
(title/degree, name, surname)

3. Completed scientific tasks:

No.	Scientific task (included in the application)	Effect of task implementation	Costs
TOTAL:			

5. Description of the main conclusions and impact (influence) of the implemented project on the socio-economic environment (characteristics and evidence, max. 4500 characters):
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.....
(date and signature of the Project Manager)

FORMAL EVALUATION:

The report meets/does not meet* formal requirements

.....
(date and signature of Institute Director/Chair Head)

SUBSTANTIVE EVALUATION:

The Council recognizes the research project as **completed/not completed*** in accordance with the application qualified for funding.

Council comments:
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(signature of the Council Chairperson/ Vice-Rector in charge of Science)

* delete as appropriate