კორნელი კეკელიძის სახელობის საქართველოს ხელნაწერთა ეროვნული ცენტრი

Korneli Kekelidze Georgian NATIONAL CENTRE of Manuscripts

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**7th International Summer School**

**“Georgian ManuScript-2024”**

17-26 July, 2024

Tbilisi, Georgia

**(photo)**

**Personal Information:**

First and last name: ................................................................................

Date of Birth: ......................................................................

Country of Origin: ....................................................................

Passport No: ..................................................

**Contact Information:**

E-mail Address: ....................................................

Tel: ....................................

Contact Person in Case of Emergency: (First and last name)............................................

E-mail and Tel of Contact Person .............................................................

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| --- | --- | --- | --- | --- |
| **Education:** | | | | |
| **№** | **Years** | **Name of University/Institute, Country** | **Academic Degree** | **Major / Specialty** |
| 1 |  |  |  |  |
| 2 |  |  |  |  |
| 3 |  |  |  |  |
| 4 |  |  |  |  |

**Working Experience:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| № | Years | Position | Department / Unit | Organization |
| 1 |  |  |  |  |
| 2 |  |  |  |  |
| 3 |  |  |  |  |
| 4 |  |  |  |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **LANGUAGES** | | | | | | |  |
| Mother Tongue | | |  | | | |  |
|  | | | | |  | |  |
|  |  | **Level of Knowledge** (A1, A2, B1, B2, C1, C2) | | | | | |
| № | Languages | Reading | | Speaking | | Listening | Writing |
| 1 | *English* | *C1* | |  | |  |  |
| 2 |  |  | |  | |  |  |
| 3 |  |  | |  | |  |  |

**List of Publications (over the last 5 years)**

Format: authors, publication title, journal title, series, volume issue (publication date): page (s) or, book/monograph title, city, year.

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**Presentations at Scientific Events (Meeting, Conference, Congress, School, etc., over the last 5 years)**

Format: year, date, venue, host institute, event title, presentation title, authors, webpage

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**What are the main reasons for you to participate in Summer School “Georgian Manuscript”?**

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**Please, give us the title of the presentation that you will present at the School** (15 minutes for the presentation and 5 minutes for questions, 20 minutes total).

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The filled Application Form should be sent to this e-mail address: [summerschool@manuscript.ge](mailto:summerschool@manuscript.ge) no later than the 1st of March, 2024. Selected candidates will be notified by the 10th of March, 2024.

Summer School Team

E-mail: [summerschool@manuscript.ge](mailto:summerschool@manuscript.ge)

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