

Professorship (chair) of Genetic Immunotherapy (grade W 3)

last name, first name, academic title	
job address/phone number email address	
private address/phone number private email address	
date of birth, place of birth, marital status, nationality	
current position	
academic degrees achieved	
license as physician, if applicable	
medical specialization	
additional qualifications	
teaching experience	
publications (no abstracts und published presentations) with sum of impact factors (IF) for original articles	original articles (number): ..... thereof as first author/senior author ...../.....  surveys/book chapters (number): ..... / .....  sum IF/originals articles first author: ..... sum IF/original articles senior author: .....
<i>h</i> -index	
the <b>five</b> most important publications	

experience in leadership positions	
academic functions	
awards	
working experience abroad	
main research topics	
third-party funds of the past 3 years	
other items of interest	
handicapped (optional)	<input type="checkbox"/> yes <input type="checkbox"/> no

Please note: This form serves as an (maximum three pages) information overview - it does not replace handing in complete applications files (in particular resume, certificates, list of publications without abstracts and with copies of the five most important papers, third-party funds, list of teaching activities). Please send your complete application application in electronic form to [berufungen.medizin@ur.de](mailto:berufungen.medizin@ur.de).

.....  
Date

.....  
Signature

Please structure your application as follows:

First PDF:

- application form

Second PDF:

- resume
- publication list with original articles, book chapters and surveys
- third-party funds
- research stays
- doctoral certificate
- further certificates (school leaving certificate, university certificate, license as physician, others)
- list of teaching activities

Third PDF:

- copies of the five most important publications