SHORT TERM SCIENTIFIC MISSION (STSM) SCIENTIFIC REPORT

This report is submitted for approval by the STSM applicant to the STSM coordinator.

Action number: CA16107

STSM title:

STSM start and end date: DD/MM/YYYY to DD/MM/YYYY

Grantee name:

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| **PURPOSE OF THE STSM** |
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| **DESCRIPTION OF WORK CARRIED OUT DURING THE STSM** |
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| **DESCRIPTION OF THE MAIN RESULTS OBTAINED** |
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| **FUTURE COLLABORATIONS (if applicable)** |
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