ANNEX 4: REPORTING FORM

"EMAP"

"REPORTING FORM"

ACADEMIC YEAR 2013/2014 **FIELD OF RESEARCH: WP.01** Collection and production of plant material

Name of researcher: **Boryana Trusheva**

Date of birth: **29/11/1979** Male or Female ..... M ...X...F

Category of researcher[1] : **Experienced researcher**

.....

Sending institution: **Bulgarian Academy of Sciences** Country: **Bulgaria**

Hosting institution: **Institute of Agronomy and Veterinary Sciences Hassan II (IAV, Rabat)** Country: **Morocco**

Proposed mobility period: from **06/03/2014** (*mm/dd/yy*) to **07/03/2014** (*mm/dd/yy*)

DETAILS OF THE REALIZED RESEARCH ACTIVITIES

- Understanding the topics and research activities taking place at the Institute of Agronomy and Veterinary Sciences Hassan II (IAV, Rabat), Morocco.
- Discussion of the topic and the way of working in Chemistry of natural products laboratory, Institute of Organic Chemistry with Centre of Phytochemistry, Bulgarian Academy of Sciences, Sofia, Bulgaria.
- Understanding the medicinal plants from Morocco.
- Extraction of essential oil of *Thymus* species by hydrodistillation in Clevenger-type apparatus.
- GC analysis of essential oil of *Thymus* species.

Researcher's signature

Date: 07/02/2014 (*mm/dd/yy*).

[1] "Researcher": Experienced researcher, Early stage researcher, Technical staff or Administrative staff

HOSTING INSTITUTION VALIDATION FORM

I declare that **Dr. Boryana Trusheva**.....

has realized research activities at **Institute of Agronomy and Veterinary Sciences Hassan II (IAV, Rabat)**, **Morocco** (*Hosting institution name*)

from **06/03/2014** (*mm/dd/yy*) to **07/02/2014** (*mm/dd/yy*).

Programme coordinator's signature and stamp:

Pr. ZRIRA Saadia
Chef du Département des
Sciences Alimentaires et Nutritionnelles
I.A.V Hassan II,
BP 6202 Rabat Instituts, Rabat- Maroc
Tél & Fax: 05 37 68 6612

Date: 07/02/2014 (*mm/dd/yy*).

The form has to be filled from researchers and hosting institution to validate the mobility activities. The form is mandatory to obtain six-monthly financings. The signed and stamped form has to be send from sending institution to the Beneficiary (University of Pisa, Project Coordinator: Prof. Luisa Pistelli) by fax and scanned copy.