|  |  |  |
| --- | --- | --- |
| Flag_of_Greece | **NATIONAL AND KAPODISTRIAN UNIVERSITY OF ATHENS**  **SPECIAL ACCOUNT FOR RESEARCH GRANTS**  **Financial and Administrative Support Unit** |  |

|  |  |  |
| --- | --- | --- |
|  | **NATIONAL AND KAPODISTRIAN UNIVERSITY OF ATHENS**  **SPECIAL ACCOUNT FOR RESEARCH GRANTS**  **Financial and Administrative Support Unit** |  |

**PRIVATE AGREEMENT**

In Athens today[[1]](#footnote-1) ..../..../...., the following parties:

1. the National and Kapodistrian University of Athens/Special Account for Research Grants, located in Athens, 6 Christou Lada St., as legally represented
2. ……………………., Academic Coordinator of the scientific project entitled: ..................................., (project code: ........…) who, according to the provisions of article 234 (par.3) - of Law 4957/2022, is responsible for the proper implementation, certification and tracking of the project’s objectives and financial feasibility, of the one part,

and of the other part,

the Beneficiary :

Mr. or Ms. (please specify) : ………………………………………………………………………..

First name : ………………………………………………………………………..

Last name : ………………………………………………………………………..

Father’s first name : ……………………………………………………………………….

Father’s last name : ……………………………………………………………………….

Mother’s first name : ……………………………………………………………………….

Mother’s last name : ……………………………………………………………………….

Marital status[[2]](#footnote-2) : ……………………………………………………………………….

Spouse’s name : ……………………………………………………………………….

Number of children : ……………………………………………………………………….

Level of education[[3]](#footnote-3) : ……………………………………………………………………….

Professional capacity[[4]](#footnote-4) : ……………………………………………………………………….

Date of Birth : ……...../…........./………………………………………………….

Street Address : ………………………………………………………………………..

Postal Code : ……………………………………………………………………….

Country of residence : ……………………………………………………………………….

Telephone number : ………………………………………………………………………..

E-mail address : ………………………………………………………………………

Nationality/Citizenship : ………………………………………………………………………..

ID card or Passport number :………………………………………………………………………...

Taxpayer’s ID or I.R.S. number (where applicable): ………………………………………..

Social Security/Health Insurance number: ………………………………………………………

S.S.I. or N.R.S.I. number (for registered members only): ..................................................

Agreed, accepted and signed the following terms:

The beneficiary was selected by virtue of the …………….. Decision of the R.M.C. or the respective competent body of N.K.U.A./S.A.R.G (IUN : ...............................) to work on the project entitled: …………………………… (project code: ........…). In accordance with the above decision, the beneficiary signed Contract No. *[Insert Contract Number]*, an employment/contract for services agreement (*please select*) in which they agreed to perform the tasks/work referred to therein.

With this private agreement, the contracting parties jointly agree that the above-mentioned contract is terminated, and they do not hold any claims against each other arising from the said contract or related to it. The date of termination of the above contract is agreed to be *[Insert Termination Date]*.

The beneficiary declares that, from the originally agreed amount under Contract No. *[Insert Contract Number]*, the employment cost, amounting to *[Insert Amount in Euros]* euros, will have been paid to them by the date of termination of this contract, for the total amount of *[Insert Total Amount in Euros]* euros. The first contracting party undertakes to duly notify for the termination of this contract wherever required by applicable law, depending on the type of contract being terminated (DIAYGEIA, ERGANI, EFKA).

By signing this agreement, the beneficiary provides their explicit consent for the collection, storage, and processing of personal data included in this contract and any accompanying documents by the NKUA/SARG in order to carry out all necessary actions within the framework of the terminated contractual relationship, including the posting of this information on the DIAYGEIA program in accordance with the relevant legislative provisions.

The Academic coordinator undertakes the obligation to faithfully keep the terms laid down in this agreement and inform S.A.R.G. in the event a breach has occurred.

This agreement has been drafted in three (3) original copies, for each party to receive one.

In witness whereof, the Parties have caused their respective duly authorized representatives to execute this Agreement, as of the date first above written.

The Legal Representative The Beneficiary The Academic Coordinator

of N.K.U.A/S.A.R.G

1. The date is to be filled in by S.A.R.G. upon signature of its legal representative. [↑](#footnote-ref-1)
2. Single, Married, Divorced/Separated, Widowed, Civil or Registered Partnership/Cohabitation Agreement or Pact/Civil Union [↑](#footnote-ref-2)
3. According to the ISCED 2011 standard [↑](#footnote-ref-3)
4. Please refer to the capacity by which the beneficiary is contracted and paid for his/her services on the project. [↑](#footnote-ref-4)