**After the Mobility**

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| ***Table D – Short-term Doctoral Mobility Certificate by the Receiving Institution/Organisation/Enterprise*** |
| **Name of the student:** |
| **Name of the Receiving Institution/Organisation/Enterprise:** |
| **Sector of the Receiving Institution/Organisation/Enterprise:** |
| **Address of the Receiving Institution/Organisation/Enterprise** [street, city, country, phone, e-mail address]**, website:** |
| **Start date and end date of mobility: from [day/month/year] …………………. to [day/month/year] ……………….** |
| **Doctoral mobility title:** |
| **Detailed programme of the doctoral mobility period including tasks carried out by the student:** |
| **Knowledge, skills (intellectual and practical) and competences acquired (achieved Learning Outcomes):** |
| **Evaluation of the student:** |
| **Date:** |
| **Name and signature of the Supervisor at the Receiving Institution/Organisation/Enterprise:** |