

APPLICATION OF RESEARCH PERMISSION

Information about the researcher

Name

Permanent address

Passport / ID number

Workplace

Contact (phone number and e-mail address)

Research theme

.....
.....

Research duration

Until 31st December 2024

Place of research and name of the collection

.....

The aim of research

educational, scientific, public information, commercial, other:

RESEARCH AGREEMENT

I, the undersigned, I declare that the above information is a full and true representation under the law. I declare further, that I understand, acknowledge and comply with the research requirements of the Museum of Ethnography as well as those relating to copyright laws. I declare that I take responsibility for the care of the collections and related materials and further undertake to supply the museum with information about all publications arising from this research within three months.

Budapest,

.....
(researcher's signature)



RESEARCH PERMISSION

I grant research permission based on the above information.

Permission granted for research until:

Budapest,

.....

(Dr. Kemecsi Lajos, Director)