APPLICATION

DeutscherAkademischerAustauschDienst
GERMAN ACADEMIC EXCHANGE SERVICE
950 Third Avenue, New York, NY 10022
Phone: (212) 758-3223
Fax: (212) 755-5780
E-mail: daadny@daad.org

RESEARCH GRANTS FOR PH.D. CANDIDATES AND RECENT PH.D.s

Name (Last/First/Middle): Chirkin, Dmitry A.

University affiliation: University of California at Berkeley

Field of study/specialization: high-energy astrophysics

University department: Physics

Academic status: Ph.D. student

Date of birth: 2 Jan, 1977 Citizenship: Russian

Social Security/Social Insurance #: 617-90-0404

If not a U.S. or Canadian citizen, are you a permanent resident?

No √ Yes ___ Since when? ________

Single √ Married ___ Male √ Female

CURRENT MAILING ADDRESS 1862 Arch St. #8, Berkeley, CA 94709

Until what date? 31 Sep, 1999

Daytime telephone: (510) 548 6797 Fax number/E-mail: chirkin@physics.berkeley.edu

PERMANENT MAILING ADDRESS: 1862 Arch St. #8, Berkeley, CA 94709

Telephone: (510) 548 6797

COMMAND OF LANGUAGES

GERMAN good ___ fair √ poor ___ none ___

No. of years of college-level instruction: 1

OTHER LANGUAGES: Russian, English, French

PREVIOUS VISITS TO THE FEDERAL REPUBLIC OF GERMANY

Dates/Place/Institution visited/Sponsor

___ ________ ________________ ________

___ ________ ________________ ________

___ ________ ________________ ________

OTHER VISITS ABROAD Year/Country/Institution visited/Sponsor

___ ________ ________________ ________

___ ________ ________________ ________

___ ________ ________________ ________

EDUCATION

Dates/Institution/Field

09/01/92 - 06/31/96 Moscow Institute of Physics and Technology Physics

08/17/96 - up to now University of California at Berkeley Physics

Degrees received

Date/Type of degree/Degree-granting institution/Field

06/31/96 Bachelor of Natural Sciences MIPT Physics

05/23/98 Master of Arts in Physics UC Berkeley Physics

ACADEMIC HONORS RECEIVED

Bachelor's diploma with highest excellence (summa cum laude)

WITH WHAT INSTITUTION WILL YOU BE AFFILIATED AFTER THE GRANT PERIOD?

University of California at Berkeley

CAREER PLANS industrial research

PROFESSIONAL EXPERIENCE Dates/Institution/Position/Field

09/01/96 - 08/31/98 UC Berkeley Graduate Teaching Assistant Physics

09/01/98 - 07/31/99 UC Berkeley Graduate Student Researcher Physics

HAVE YOU RECEIVED A DAAD SCHOLARSHIP OR GRANT IN THE PAST? no

Name of grant/Date

WHAT OTHER SCHOLARSHIPS OR GRANTS HAVE YOU RECEIVED IN THE PAST?

Name of grant/Date

University Fellowship (UC Berkeley) 09/01/96 - 05/31/97

WHAT OTHER SCHOLARSHIPS OR GRANTS ARE YOU CURRENTLY APPLYING FOR?

NOTE: Should you receive any of these grants, please inform DAAD as soon as possible.

Name of grant For which country Time period

none

BRIEFLY DESCRIBE THE RESEARCH PROJECT YOU WISH TO CARRY OUT IN THE FEDERAL REPUBLIC OF GERMANY

For large underground moun detectors an improved air shower simulation has been developed. For the propagation of created muons through water or ice, a new program will be written. This will allow to reduce cumulative errors to significantly smaller values than available from current programs. These 2 steps (one finished, one in progress) will be used in a simulation of the AMANDA detector. The improved accuracy should help to resolve some inconsistencies currently seen in comparisons of data against Monte Carlo calculations.

PLANNED DATES OF VISIT: from (m/d/y) 12/31/99 to (m/d/y) 06/31/00

WHICH GERMAN INSTITUTION(S) DO YOU WISH TO VISIT?

University of Wuppertal

WHY HAVE YOU CHOSEN THIS/THESE PARTICULAR INSTITUTION(S)?

Because of my advisor's affiliation

LIST THE NAMES AND POSITIONS OF COLLEAGUES AT THIS/THESE INSTITUTION(S) WITH WHOM YOU HAVE CORRESPONDED ABOUT THE RESEARCH PROJECT

Wolfgang Rhode, Dr. phil., Dr. rer. nat. (C1)

NAME, ADDRESS AND TELEPHONE NUMBER OF PERSON(S) TO BE NOTIFIED IN CASE OF EMERGENCY

Vladimir Morozov, 1862 Arch St. #8, Berkeley, CA 94709, (510) 548 6797

I CERTIFY THAT THE INFORMATION PROVIDED IN THIS APPLICATION IS COMPLETE AND ACCURATE TO THE BEST OF MY KNOWLEDGE. FURTHER, I AGREE TO INFORM THE DAAD OF ANY CHANGES.

Signature/Place/Date

PLEASE NOTE: THIS APPLICATION MUST BE TYPEWRITTEN AND SUBMITTED IN QUADRUPLICATE