

“CAROL DAVILA” UNIVERSITY OF MEDICINE AND PHARMACY of BUCHAREST

DOCTORAL SCHOOL

Form VI

Affidavit concerning the prior or current non-performance of a doctoral cycle financed from the public budget

I, the undersigned, domiciled in County, locality, no., Street, holder of the ID series, no., acting as applicant for the admission competition held by IOSUD - “CAROL DAVILA” UNIVERSITY OF MEDICINE AND PHARMACY of BUCHAREST, for the doctoral university studies field Medicine , Dental medicine , Pharmacy ,

declare at my own risk that

I have not attended another doctoral university studies program financed from the public budget;

I have attending / I attend the doctoral university studies program at the University, doctoral studies field, at the form of education IF / FR, with financing from the public budget, during

Date

Signature

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