

“CAROL DAVILA” UNIVERSITY OF MEDICINE AND PHARMACY of BUCHAREST

Form V

NAME AND FORENAME*: _____

DOCTORAL UNIVERSITY STUDIES FIELD:

MEDICINE

DENTAL MEDICINE

PHARMACY

SPECIALIZATION (DOCTORAL STUDIES MANAGER): _____

SCIENTIFIC SUPERVISOR: _____

PHONE NUMBER: _____

EMAIL: _____

*To be filled in only by capital letters, calibri font, size 24, bold. In the case of married ladies, to fill in as follows: name before the marriage followed by the name obtained by marriage, father's initial and applicant's forename (e.g.: POPESCU CAS. IONESCU T. MARIA). To fill in the doctoral studies field (e.g.: MEDICINE / DENTAL MEDICINE / PHARMACY) and specialization of the Scientific Supervisor.

“Carol Davila” University of Medicine and Pharmacy of Bucharest

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