

I agree,
Scientific supervisor
(signature and stamp)

Form I

Mister Chancellor,

I, the undersigned* _____, born on: day __ month ____
year ____, in the locality _____, county _____ please approve
my registration at the admission competition for doctoral university studies in the session of
July 2021, field of Medicine / Dental medicine / Pharmacy (as applicable), specialization
(scientific manager): _____, scientific supervisor
_____.

I attach the following documents:

- File cover (form V)
- Request for registration (form I)
- Personal file (form II)
- Birth certificate - copy, with the certification of compliance with original by the secretary of the admission commission
- Marriage certificate - copy, with the certification of compliance with original by the secretary of the admission commission
- Identity card - copy
- High school graduation diploma - copy, with the certification of compliance with original by the secretary of the admission commission
- Faculty graduate diploma and transcript of records / diploma supplement of the graduated faculty - Original
- Master's degree (if applicable) and transcript of records / diploma supplement - Original
- Curriculum vitae - signed
- List of drafted and published scientific papers - signed or the applicant's statement that he / she has no published papers
- Certificate of linguistic competence - copy
- Registration receipt
- Certificate which certifies the quality of employee of "Carol Davila" University of Medicine and Pharmacy
- Certificate, respectively the retirement decision which certifies the quality of professor / auxiliary professor of parent / parents.
- Affidavit concerning the prior / current non-performance of a doctoral cycle financed by the public budget (for the applicants for budget) (form VI)
- Information and consent note (form VII)

*The applicant will present upon registration, together with the simple copies, the original document of the study documents and vital records documents, for the certification by the secretary of the admission commission. Study documents or vital records documents of which original is damaged (broken, cut, illegible) or on which it has intervened, visibly, by plasticization, or by any other method which can create suspicions on the originality of document subject to conformity will not be accepted, for the certification of conformity.

Date _____

Signature

To Mister Chancellor of the "Carol Davila" University of Medicine and Pharmacy Bucharest
* *the request and personal file will be filled in compulsory at all points, with capital letters*