



ANNEX 2.2—Chapter 3

STATUTORY STATEMENT

I, the undersigned _____,
identified by ID series _____ no. _____ issued by _____ on
_____ (date) and valid until _____ (date), holder of the
Personal Identification Number _____, domiciled in the
city/town/village of _____, country _____, doctoral
student at the University _____, would like to transfer
to the Carol Davila University of Medicine and Pharmacy of Bucharest, in the doctoral field of
 Medicine/ Dentistry/ Pharmacy, and hereby declare at my own risk that I agree to study
in **fee-based** education and to pay the tuition fee in the amount of _____ lei and hereby
declare that the information recorded in the documents certifying the period of my studies at
the University is true.

I hereby declare at my own risk that the data and information herein is true. If that is not the
case, I am aware that the Carol Davila University of Medicine and Pharmacy of Bucharest is
entitled to annul the studies completed and not to refund any fees paid.

Note: I understand that any omission or inaccuracy in the presentation of information is
punishable according to law (Article 292 of the Criminal Code on false statements).

Signature _____

Date _____