Str. Dionisie Lupu 37, sector 2, București, 020021, România, www.umfcd.ro, email: rectorat@umfcd.ro

## **DOCTORAL SCHOOL**

Form I

**Agree,** PhD Supervisor

(signature)

## MISTER RECTOR,

| in City/Locality would kindly like to ask you to accept my registration for the admission contest for University Doctoral Studies deployed during the July 2024 session in the domain of □ Medicine □ Dental medicine □ Pharmacy, PhD Supervisor:  Upon registration I presented the following documents: □ Request for registration (form I) □ Personal chart (form II) □ Birth certificate □ Marriage certificate (in case of surname change) □ Identity card □ High school diploma |
|---|
| of □ Medicine □ Dental medicine □ Pharmacy, PhD Supervisor:  Upon registration I presented the following documents: □ Request for registration (form I) □ Personal chart (form II) □ Birth certificate □ Marriage certificate (in case of surname change) □ Identity card □ High school diploma   |
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| <ul> <li>□ Request for registration (form I)</li> <li>□ Personal chart (form II)</li> <li>□ Birth certificate</li> <li>□ Marriage certificate (in case of surname change)</li> <li>□ Identity card</li> <li>□ High school diploma</li> </ul>  |
| <ul> <li>□ Personal chart (form II)</li> <li>□ Birth certificate</li> <li>□ Marriage certificate (in case of surname change)</li> <li>□ Identity card</li> <li>□ High school diploma</li> </ul>   |
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| <ul> <li>□ Marriage certificate (in case of surname change)</li> <li>□ Identity card</li> <li>□ High school diploma</li> </ul>  |
| ☐ Identity card ☐ High school diploma   |
| ☐ High school diploma   |
|   |
|   |
| ☐ Bachelor's degree and transcript/supplement to the bachelor's degree from the graduation faculty  |
| ☐ Master's degree (where applicable) transcript/supplement to the degree  |
| ☐ Curriculum vitae - signed   |
| ☐ List of elaborated and published scientific papers- signed (where applicable)   |
| ☐ Certificate of linguistic competence  |
| ☐ Receipt of enrolment fee (print screen or pdf copy of the confirmation e-mail)  |
| ☐ Receipt that demonstrates the quality of employee to UMF "Carol Davila"   |
| lacktriangle Receipt, decision of retirement, respectively that demonstrates the quality of member of the Teaching  |
| Staff or auxiliary teaching staff of the parent/parents   |
| lacktriangle Affidavit regarding the lack of previous/current membership to a doctoral cycle, financed from the   |
| state budget (for candidates admitted on state budget places) (form III)  |
| lacktriangle Affidavit for persons at risk of losing their capacity to manage their daily needs due to an illness,  |
| disability, or poverty  |
| ☐ Information and consent note (form IV)  |
| st The candidate will present, upon registration, along with the copies, the original documents of the  |
| study papers and the civil status documents, in view of the certification given by the Secretary of the   |
| Admission Committee. Deteriorated original documents of studies or civil status (broken, cut, illegible)  |
| or documents that underwent visible changes, either by lamination or any other method that may create   |
| cause for concern regarding their originality will not be admitted for certification.   |
| Date Signature  |

To Mister Rector of University for Medicine and Pharmacy "Carol Davila" in Bucharest \*Both the request and personal chart must be completed at all points, in capital letters