



DOCTORAL SCHOOL

Form III

**Affidavit regarding the lack of previous/current membership to a doctoral cycle,
financed from the state budget**

The undersigned living in County
....., City/Locality,
Str....., no....., ID card series, no....., as candidate
at the admission contest organized by I.O.S.U.D. – UNIVERSITY OF MEDICINE AND
PHARMACY “CAROL DAVILA” IN BUCHAREST, for the Doctoral University Study
Domain Medicine , Dental Medicine , Pharmacy ,

declare on my own responsibility that

- I haven't followed another University Doctoral Programme financed from the state budget, so far;
- I have followed/am following the University Doctoral Programme at University....., Doctoral Study Domain, at the form of education: full-time, evening/ classes, with state budget financing, during.....

Date

Signature,