



UNIVERSITATEA DE MEDICINĂ ȘI FARMACIE „CAROL DAVILA“ DIN BUCUREȘTI



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

Agree,
PhD Supervisor

(signature and stamp)

Form I

MISTER RECTOR,

The undersigned* _____ born on:
day _____ month _____ year _____, in City/Locality _____, District _____
would kindly like to ask you to accept my enrolment to the admission contest for University Doctoral Studies,
for the July 2023 session, in Medicine/Dental Medicine/Pharmacy domain (tick where appropriate), specialty (of
the PhD supervisor): _____, PhD Supervisor _____.

Upon enrolment I presented the following documents:

- File cover (standard form)
- Request for enrolment (form I)
- Personal chart (form II)
- Birth certificate– **original and copy**
- Marriage certificate – **original and copy**
- Identity card - **original and copy**
- High school diploma – **original and copy**
- Bachelor's degree and transcript/supplement to the bachelor's degree from the graduation faculty–
original and copy– **original and copy**
- Master's degree (where applicable) transcript/supplement to the degree – **original and copy**
- Curriculum vitae - **signed**
- List of elaborated and published scientific papers- signed (where applicable)
- Certificate of linguistic competence- copy
- Receipt of enrolment
- Receipt that demonstrates the quality of employee to UMF “Carol Davila”
- Receipt, decision of retirement, respectively that demonstrates the quality of member of the Teaching
Staff or auxiliary teaching staff of the parent/parents
- 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 VI)
- Information and consent note (form VII)

* The candidate will present, upon enrolment, 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 which suffered 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*