



DOCTORAL SCHOOL

Form III

Affidavit regarding the lack of previous/current membership to a doctoral cycle, financed from the state budget (for candidates admitted on state budget places)

The undersigned, living in County,
City/Locality, Street....., no....., owner of
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 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

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