



## PERSONAL CHART

For the admission contest at the University Doctoral Studies

The University Doctoral Studies  Medicine  Dental Medicine  Pharmacy

Specialty of the PhD Supervisor \_\_\_\_\_

Name and surname of the PhD Supervisor \_\_\_\_\_

Name and surname of the candidate: \_\_\_\_\_

Previous surname (if appropriate): \_\_\_\_\_

Personal identification number

\_\_\_\_\_

Date and place of birth:

year \_\_\_\_\_, month \_\_\_\_\_ day \_\_\_\_\_

City/Locality \_\_\_\_\_

County \_\_\_\_\_, Country \_\_\_\_\_,

Citizenship \_\_\_\_\_

Civil status:  unmarried  married

Contact data:

Stable residence address: Locality/City \_\_\_\_\_, County \_\_\_\_\_, Street  
\_\_\_\_\_, no. \_\_\_\_, bl. \_\_\_\_, sc. \_\_\_\_, et. \_\_\_\_, ap. \_\_\_\_.

Employed at: \_\_\_\_\_

Locality \_\_\_\_\_ street \_\_\_\_\_ no. \_\_\_\_\_

District/County \_\_\_\_\_

Studies (Institution, year of graduation): \_\_\_\_\_

\_\_\_\_\_

Phone no: \_\_\_\_\_ E-mail: \_\_\_\_\_

I declare the abovementioned data, on my own responsibility, acknowledging liability as warranted by the law.

Signature,