**University of Medicine and Pharmacy “Carol Davila” Bucharest**

**Department of Research, Development, and Innovation**

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***“CAROL DAVILA” RESEARCH GRANTS 2025***

***PART A***

***APPLICATION FORM***

**Applicant:**

*(Full Name of the Applicant)*

*)*

1. **Applicant information**
2. Date of Birth:
3. Age:
4. **Contact Details**
5. Address:
6. Email:
7. Phone Number:
8. **Current Position**
   1. Faculty:
   2. Department/Discipline/Hospital:
   3. Position/Title:
9. **Education**

*List your academic qualifications starting with the most recent*

|  |  |  |  |
| --- | --- | --- | --- |
| ***Year*** | ***Degree Awarded*** | ***Field of Study*** | ***Academic Institution / Country*** |
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1. **Professional Experience (Chronological Order):**

*List your professional experience starting with the most recent position held*

|  |  |  |
| --- | --- | --- |
| ***Years***  ***(Start–End)*** | ***Position*** | ***Employer - Country*** |
|  |  |  |
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1. **Research Experience:** 
   1. Brief narrative summary of research activities:
   2. Researcher unique identifier(s):
      * + - ORCID:
          - Web of Science ResearcherID:
   3. Publications in peer-reviewed journals relevant to this application (include authors, title, journal, volume, pages, and Impact Factor if available):
   4. Abstracts in journals relevant to this application: include authors, title, journal, volume, pages, and Impact Factor if available):
   5. Participation to other grants or multicentric trials (international, national):
   6. Books/Book Chapters authored :
   7. Research Awards/Recognitions:
2. **Host Institution Details**

*Provide the details of the international host institution where the research fellowship will be conducted.*

* 1. Institution Name :
  2. Department/Hospital:
  3. Institution Address :
  4. Country :
  5. Phone (International Format):
  6. Fax (if applicable):
  7. Email:

1. **Supervisory Information:**

*Provide the full name and position of the individuals responsible for supervising the research fellowship at the host institution.*

1. Head of Department (Host Institution):

Full Name:

Position/Title:

Email:

1. Proposed Research Supervisor:

Full Name:

Position/Title:

Research Area/Field of Expertise:

Email:

1. **Justification for Choosing the Host Institution**

*Briefly explain the rationale behind selecting this institution :*

1. **Research Project Details:**

**Project Title :**

**Summary of the research proposal:**

*(Maximum 300 words, prepared jointly with the proposed research supervisor. Appropriate references must be included.* ***A detailed research proposal should be appended to this form****)*

* 1. Background: Briefly describe the scientific context of the research, highlighting the current state of knowledge, key gaps, and the significance of the topic.
  2. Objectives and hypothesis: Clearly state the main objectives of the study and formulate the central hypothesis or research question to be tested.
  3. Study design: Describe the overall design of the study (e.g., experimental, observational, longitudinal, cross-sectional), including key elements that structure the research.
  4. Methods: Outline the specific methods, techniques, and analytical approaches that will be used to achieve the research objectives. Mention any innovative methodologies if applicable.
  5. Expected results: Summarize the anticipated outcomes of the research and their potential scientific, clinical, or societal impact. Indicate how these results could advance current knowledge in the field.
  6. References: Provide key references (using a consistent citation style) that support the background, rationale, and methodology of the proposed research.

1. **Dissemination of Results:**

*Specify intended outputs: publications, conference abstracts, PhD thesis, etc*

1. **Research Grant Period:**

* Duration (in months):
* Planned Start Date:
* Planned End Date:

1. **Career Development Plan**

*Outline your future academic or research career objectives :*

1. **Endorsements:**

14.1. Present head of discipline (UMFCD) to whom PART B has been submitted to:

* 1. Name:
  2. Address:
  3. Phone (International Format):
  4. Fax (if applicable):
  5. Email:
  6. Present head or supervisor of the host institution to whom PART C has been submitted to:

1. Name:
2. Address:
3. Phone (International Format):
4. Fax (if applicable):
5. Email:
   1. Administrative officer to whom PART D has been passed:
   2. Name:
   3. Address:
   4. Phone (International Format):
   5. Fax (if applicable):
   6. Email:
6. **Declaration of Commitment:**

I, the undersigned, confirm that the information provided in this application is accurate.

If selected, I agree to comply with all the terms and conditions set by the University of Medicine and Pharmacy “Carol Davila”.

**Applicant’s Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_