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

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

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

***PART C***

***Confirmation from the Host Institution Supervisor***

**Applicant:**

*(Full Name of the Applicant)*

***SUPERVISOR :*** The above-named candidate has applied for a **“Carol Davila” Research Grant** from the University of Medicine and Pharmacy “Carol Davila” Bucharest, Romania (UMPCD), to be conducted within your department. We kindly request the following information :

1. **Duration of Your Professional Relationship with the Candidate**

*Please specify the duration and context in which you have worked with or supervised the applicant.*

1. **Financial Feasibility**

*The grant amount provided by the University (2000 Euros/month) is intended to cover running expenses, including the daily subsistence of the awardee, for a maximum period of 9 months. In your opinion, is this amount sufficient to cover the costs of the proposed project and ensure its successful completion?*

1. **Evolution of the Proposed Research Project :**

*Please describe how the proposed research project was developed and outline the specific contributions made by the applicant to the project design.*

1. **Candidate’s Research Potential:**

*Please provide your assessment on the candidate’s ability and suitability for (further) research training, as well as any additional comments you deem helpful to the university.*

1. ***CLINICAL APPLICANTS ONLY***:

**Will an honorary clinical contract be required for the candidate?**  ☐ Yes ☐ No If YES, please indicate:

1. Level:
2. Number of sessions:
3. Specialty:
4. Health authority:

**Does the project involve human subjects?** ☐ Yes ☐ No

If YES, please attach evidence of local ethical committee approval or explain why in your view this is not required

1. **Department Details :**
2. Name and Title of the Head of Department (if different from the applicant’s research supervisor):
3. Department/Institution Address:
4. Phone Number (international format):
5. Fax Number (if applicable):
6. Email:
7. **Confirmation of Support :**

I acknowledge that an award under this scheme is typically administered through a fixed-term employment contract for the research period, established between the research grant recipient and the host institution. I confirm my support for this application and that, if an award is granted, the candidate will be accepted into the Department.

Signature of the Head of Department: Date:

Signature of the Research Supervisor: Date: