

**University of Medicine and Pharmacy “Carol Davila” Bucharest  
Department of Research, Development, and Innovation**



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

***PART A***

***APPLICATION FORM***

**Applicant:**

*( Full Name of the Applicant )*

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**1. Applicant information**

- a. Date of Birth:
- b. Age:

**2. Contact Details**

- a. Address:
- b. Email:
- c. Phone Number:

**3. Current Position**

- a. Faculty:
- b. Department/Discipline/Hospital:
- c. Position/Title:

#### 4. Education

List your academic qualifications starting with the most recent

<i>Year</i>	<i>Degree Awarded</i>	<i>Field of Study</i>	<i>Academic Institution / Country</i>

#### 5. Professional Experience (Chronological Order):

List your professional experience starting with the most recent position held

<i>Years (Start–End)</i>	<i>Position</i>	<i>Employer - Country</i>

#### 6. Research Experience:

- a. Brief narrative summary of research activities:
- b. Researcher unique identifier(s):
  - ORCID:
  - Web of Science ResearcherID:
- c. Publications in peer-reviewed journals relevant to this application (include authors, title, journal, volume, pages, and Impact Factor if available):
- d. Abstracts in journals relevant to this application: include authors, title, journal, volume, pages, and Impact Factor if available):
- e. Participation to other grants or multicentric trials (international, national):
- f. Books/Book Chapters authored :
- g. Research Awards/Recognitions:

#### 7. Host Institution Details

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

- a. Institution Name :
- b. Department/Hospital:
- c. Institution Address :
- d. Country :
- e. Phone (International Format):
- f. Fax (if applicable):

g. Email:

**8. Supervisory Information:**

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

a. Head of Department (Host Institution):

Full Name:

Position/Title:

Email:

b. Proposed Research Supervisor:

Full Name:

Position/Title:

Research Area/Field of Expertise:

Email:

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

*Briefly explain the rationale behind selecting this institution :*

**10. 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**)*

- a. Background: Briefly describe the scientific context of the research, highlighting the current state of knowledge, key gaps, and the significance of the topic.
- b. Objectives and hypothesis: Clearly state the main objectives of the study and formulate the central hypothesis or research question to be tested.
- c. Study design: Describe the overall design of the study (e.g., experimental, observational, longitudinal, cross-sectional), including key elements that structure the research.
- d. Methods: Outline the specific methods, techniques, and analytical approaches that will be used to achieve the research objectives. Mention any innovative methodologies if applicable.

- e. 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.
- f. References: Provide key references (using a consistent citation style) that support the background, rationale, and methodology of the proposed research.

**11. Dissemination of Results:**

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

**12. Research Grant Period:**

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

**13. Career Development Plan**

*Outline your future academic or research career objectives :*

**14. Endorsements:**

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

- a. Name:
- b. Address:
- c. Phone (International Format):
- d. Fax (if applicable):
- e. Email:

14.2. Present head or supervisor of the host institution to whom PART C has been submitted to:

- a. Name:
- b. Address:
- c. Phone (International Format):
- d. Fax (if applicable):
- e. Email:

14.3. Administrative officer to whom PART D has been passed:

- a. Name:
- b. Address:
- c. Phone (International Format):
- d. Fax (if applicable):
- e. Email:

**15. 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:** \_\_\_\_\_