

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



“CAROL DAVILA” RESEARCH GRANTS 2025

PART B

Recommendation from the Head of Discipline

Applicant:

(Full Name of the Applicant)

The above-named applicant has applied for a “**Carol Davila**” Research Grant. We kindly request your professional assessment regarding the following aspects:

1. Applicant's Scientific Ability and Suitability for the Research Grant:

Please provide your evaluation of the applicant's scientific competencies, research skills, critical thinking, and potential for independent research.

2. Applicant's Ability to Publish Research Results:

Please comment on the applicant's track record in scientific publications, including the quality of their previous work, consistency in publishing, and potential to produce impactful research outputs during the grant period.

3. Appropriateness of the Proposed Research Project and the Host Institution:

Please evaluate the relevance, scientific merit, and feasibility of the proposed project. Please also comment on the suitability of the host institution for supporting the applicant's research goals.

4. Professional Relationship with the Applicant:

How long have you known the applicant? (Specify the date since the applicant joined your department/institute)

5. Head of Discipline's Details:

Full Name and Academic Title:

Position:

Department/Discipline:

Address:

Phone Number:

Email Address:

Signature of the Head of Discipline: _____

Date: _____