

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



“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.

2. 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?

3. 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.

4. 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.

5. CLINICAL APPLICANTS ONLY:

Will an honorary clinical contract be required for the candidate? Yes No

If YES, please indicate:

- a. Level:
- b. Number of sessions:
- c. Specialty:
- d. 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

6. Department Details :

- a. Name and Title of the Head of Department (if different from the applicant's research supervisor):
- b. Department/Institution Address:
- c. Phone Number (international format):
- d. Fax Number (if applicable):
- e. 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: