UNIVERSITATEA DE MEDICINĂ ȘI FARMACIE
„CAROL DAVILA“ DIN BUCUREȘTI

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Prorectoratul pentru cercetare ştiinţifică și inovare

GRANTURILE DE CERCETARE "CAROL DAVILA"

- competiție internă 2025 -

Regulament de desfășurare

Scopul Programului

Scopul programului este de a sprijini **mobilitatea internațională** a cadrelor didactice și cercetătorilor din cadrul Universității de Medicină și Farmacie "Carol Davila" din București (UMFCD) în centre de cercetare de prestigiu, recunoscute la nivel internațional. Programul urmărește consolidarea capacității de cercetare a Universității prin facilitarea accesului la infrastructuri științifice avansate, promovarea colaborărilor internaționale și stimularea producției științifice de calitate, reflectată prin publicarea de articole în reviste de specialitate de top.

Art 1. Această competiție se desfăsoară în baza Statutului cadrelor didactice și a legii nr. 199/2023 a învățământului superior, cu modificările și completările ulterioare și se conformează deciziilor Consiliului de Administrație din 06.02.2025 și ale Senatului UMF *Carol Davila* din București din 11.02.2025.

Art 2. Participanţii la competiţia internă trebuie sa fie angajaţi ai UMF Carol Davila din București, pe perioadă determinată sau nedeterminată, care nu au împlinit vârsta de 40 de ani până la data limită a depunerii aplicaţiei ;

Art 3. Tema de cercetare a proiectului trebuie să se înscrie în direcțiile de cercetare prevăzute de Planul de cercetare al UMF *Carol Davila* din Bucuresti ;

Art 4. Un proiect se consideră participant în procesul de evaluare în urma depunerii formularului de "**Cerere de finanţare**", care va contine:

- Partea A: partea aplicantului, care va contine si propunerea de proiect de cercetare (în limba engleză), făcută de aplicant în colaborare cu centrul gazdă din străinătate;
- Partea B: recomandarea Șefului de Disciplină;
- Partea C: acordul coordonatorului de proiect din centrul gazdă;

- Partea D: acordul centrului gazdă, care acceptă să primească aplicantul și să desfășoare proiectul de cercetare propus, punând la dispoziție infrastructura.

Art 5. Durata bursei este intre 1-9 luni. Bursa se va finaliza prin depunerea unui raport de cercetare detaliat si prin publicarea unui articol intr-o revista indexata ISI cu Factor de Impact mai mare sau egal cu 2 ;

Art 6. Bursa este în valoare de 3000 Euro/luna (TOTAL: max. 27 000 Euro) și se va desfășura în cursul anului calendaristic 2025;

Art 7. Direcția de Cercetare-Dezvoltare-Inovare va acorda consultanță în redactarea proiectului și va aviza în prealabil aplicațiile, după verificarea criteriilor de eligibilitate ;

Art 8. Nu vor fi finanțate proiectele care au deja o altă sursă de finanțare ;

Art 9. Aplicațiile se vor depune atât în format fizic, la Registratura UMFCD, cât și în format electronic, prin e-mail, la adresa cercetare@umfcd.ro ;

Art 10. Competiţia se desfăsoară după următorul program:

a. lansarea competiţiei: februarie 2025

b. perioada de depunere aplicații: 21 februarie-31 martie 2025

c. perioada de evaluare proiecte depuse: 1-8 aprilie 2025

e. interviu: 9-11 aprilie 2025

f. afișarea câștigătorilor burselor: aprilie 2024

Art 11. Comisia de evaluare va fi formată din specialiști, în conformitate cu tema de cercetare a proiectului. Evaluarea se va desfăsura conform unei „Fișe de evaluare" ;

Art 12. Se vor acorda maxim 4 burse. Câștigătorii ediţiilor precedente ale competiţiilor *"Tineri cercetători"* sau ale granturilor "*Carol Davila"* **nu pot aplica** ;

Art 13. Bursele se desfășoară cu respectarea Regulamentului de deplasare în țară și în străinătate a UMFCD din București. Cadrele didactice și de cercetare care beneficiază de aceste granturi și efectuează mobilități internaționale **nu pot solicita încetarea contractului de muncă** pe o perioadă egală cu de **cinci ori durata stagiului** de mobilitate;

Art 14. Câștigătorii granturilor au obligația de a publica pe perioada grantului plus înca 6 luni după revenirea în țară, cel puțin un articol ca prim autor, într-o revistă cotată ISI cu un Factor de Impact mai mare sau egal cu 2 ;

Art 15. Toate articolele/lucrările publicate de către câștigătorii granturilor în legătura cu aceste proiecte vor avea afilierea **OBLIGATORIE** a autorului la Universitatea de Medicină și Farmacie "*Carol Davila"* din București și mențiunea susținerii din partea UMFCD în cadrul acestui grant ;

Art 16. Penalitățile corespunzătoare pentru nerespectarea prevederilor acestui Regulament se vor regăsi în contractul încheiat între părți.

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

Year	*Degree Awarded*	*Field of Study*	*Academic Institution / Country*

5. Professional Experience (Chronological Order):

List your professional experience starting with the most recent position held

Years (Start–End)	*Position*	*Employer - Country*

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:** _____

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

"CAROL DAVILA" RESEARCH GRANTS 2025

PART B

Recommendation from the <u>Head of Discipline</u>

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: _____

University of Medicine and Pharmacy "Carol Davila" Bucharest
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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.

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:

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

"CAROL DAVILA" RESEARCH GRANTS 2025

PART D

Confirmation from the Host Institution's Administrative Officer

Applicant: _____

(Full Name of the Applicant)

Instructions for the Applicant: *Please fill in the name of the department where you intend to carry out your research activities. Submit this form together with PART A, PART B, and PART C to the appropriate Administrative Officer (e.g., Finance Officer, Registrar, Bursar, Secretary, Director) of the proposed host institution.*

Administrative Officer: the above named candidate is applying for a "Carol Davila" Research Grant of the University of Medicine and Pharmacy "Carol Davila" Bucharest (UMPCD), Romania, to be used during a research period held at:

Department:

Institution:

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. Should an award be granted, UMPCD will liaise with the host institution regarding the grant amount, starting date, and specific administrative arrangements. However, before the application can be formally considered, it is necessary to obtain confirmation that the host institution is, in principle, willing to offer an appointment to the candidate.

1. I confirm that if the above-named candidate is awarded a "Carol Davila" Research Grant, they will be offered an appointment by this institution for the research period in accordance with local social regulations and with the UMPCD terms and regulations.
2. The candidate will receive a grant of 2000 Euros maximum ***per month*** from the UMPCD, intended to cover running expenses and daily subsistence during the research period.
3. Health insurance coverage (including sickness and accident) for the candidate during the research period:
   ☐ will be provided by the by the employing institution

☐ the candidate is responsible for obtaining their own health insurance

Finance officer/Registrar/Bursar/Secretary/Director (Please delete as appropriate):

Full Name:
Institution:
Address:
Phone number:
Fax number (if applicable):
Email:

Contact Person for Grant Administration (if different from above):

Name:
Position:
Phone number:
Email:

Signature of the Administrative Officer: _____
Date: _____