



TECHNICAL UNIVERSITY
OF CLUJ-NAPOCA, ROMANIA

REGISTRATION FORM

personal data form for the enrollment in the doctoral admission examination

I. APPLICANT'S PERSONAL DATA

**Personal identification number
(P.I.N.)**

Family name at birth (as in the
birth certificate)

Current family name (as in the
identity card)

Full first name:

Father's full first name:

Mother's full first name:

**Date and place of
birth:**

Place: _____ Year: _____ Month: _____ Day: _____
County: _____

Identity card: _____ Series: _____ No.: _____
Issued by: _____ Date: _____

Permanent address (as in the identity card):

Place: _____ County: _____
Street: _____ No.: _____ Building _____ Apt. _____

Permanent address phone no.: _____

Mobile phone number: _____ E-mail: _____

Residential address (current address):

Place: _____ County: _____
Street: _____ No.: _____ Building _____ Apt. _____

Workplace and position: _____

Civil status: Married: ☐
Not married: ☐
Divorced / Widowed: ☐

**Special social
condition:**

Under the age of 26 and orphan of one parent ☐
Under the age of 26 and orphan of both
parents ☐
Grown up in children's homes ☐
Grown up in a monoparental family ☐

Current citizenship: _____ Other citizenships: _____

Ethnicity: _____

Applicant enrolling as registered disabled, on the basis of the following documents: Yes ☐
No ☐



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II. EDUCATION**Bachelor's Degree studies:**

Graduation year _____

Bachelor's degree awarded by the University _____

/ Institution: _____

Master's Degree studies / Advanced studies:
 Type ☐ Advanced studies
At the Institution /
University

The year of passing the dissertation exam _____

☐ Master's studies
At the Institution /
University

The year of passing the dissertation exam _____

Currently, I am also enrolled in a:Bachelor's degree study programme (1st cycle) ☐Master's degree study programme (2nd cycle) ☐Doctoral study programme (3rd cycle) ☐**I benefit / have benefited from state budget funding for a doctoral study programme:**YES ☐NO ☐**III. FOREIGN LANGUAGES KNOWN:****IV. THE APPLICANT'S OPTION REGARDING DOCTORAL STUDIES****The doctoral field:** _____**PhD supervisor:**

Prof. _____, PhD, Eng. _____

Form of financing:

Full-time

- With scholarship ☐- Without
scholarship ☐

Part-time

- Without
scholarship ☐Tuition - paying ☐**V. STATEMENT**

I, the undersigned, hereby declare I have understood the meaning of all the information requested in the present form, and I certify the accuracy of the information submitted. I undertake to announce the IOSUD Secretariat of any modification related to the data declared hereby.

Date: _____

Signature: _____