



## 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:**

Year: \_\_\_\_\_ Month: \_\_\_\_\_ Day: \_\_\_\_\_  
 Place: \_\_\_\_\_ 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


**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: \_\_\_\_\_