**REGISTRATION FORM**

personal data formfor the enrollment in the doctoral admission examination

|  |
| --- |
| 1. **APPLICANT’S PERSONAL DATA**
 |
|  |
| **Personal identification number (P.I.N.)** |  |  |
|  |
| **Family name at birth** (as in the birth certificate) |  |
|  |
| **Family name at birth** (as in the birth certificate) |  |
|  |  |  |  |
| **Full first name:** |  |
|  |  |  |  |
| **Father’s full first name:** |  |
|  |  |
| **Mother’s full first name:** |  |
|  |
|  |  |  |  |
| **Date and place of birth:** | Year: |  | Month: |  | Day: |  |  |
| Place: |  | County: |  |  |
|  |
| ID / identity card | Series: |  |  | Number: |  |  |
| Issued by : |  |  | Date: |  |  |
|  |
| **Permanent residence** (as in the identity card): |
| Place: |  |  | County: |  |
| Street: |  |  | No. |  | Building |  | Apt. |  |  |
|  |  |  |  |
| Mobile phone number: |  | Email: |  |  |
|  |  |  |  |
|  |  |  |  |
| Workplace and position: |  |  |
|  |  |  |  |
| Civil status : | Married: |  |  | Divorced: |  |
|  |  |  |  |
|  | Not married: |  |  | Widow(er): |  |
|  |  |  |  |
| Special social condition | Age under 26 and orphan of a parent |  |  |  |  |
|  |  |  |  |
|  | Age under 26 and orphan of both parents |  |  |  |  |
|  |  |  |  |
|  | From children's homes/foster care |  |  |  |  |
|  |  |  |  |
|  | Coming from a single-parent family |  |  |  |  |
|  |  |  |  |
|  | From disadvantaged/disadvantaged groups |  |  |  |  |
|  |  |  |  |
|  | Other situations |  |  |  |  |
|  |  |  |  |
|  | Unreported |  |  |  |  |
|  |  |  |  |
|  | This is not the case |  |  |  |  |
|  |  |  |  |
| Special medical situation: | Person with disabilities |  | Unreported |  | Other situations |  |  |
|  |  |  |  |
| (based on documents) | Incurable diseases |  | This is not the case |  |  |
|  |  |  |  |
|  |  |  |  |
| Current citizenship: |  | Other citizenships: |  |  |
|  |  |
| Ethnicity |  |  |
|  |  |  |  |
| 1. **STUDIES**
 |
|  |  |  |  |
| **High school:** |
| Country: |  | County: |  | City: |  |  |
|  |
| High school: |  |  |
|  |
| **Bachelor's degrees:** |
|  |  |  |  |
|  | Year of passing the final exam |  |  |
|  | Bachelor's degree obtained at the Institution/University |  |
|  |  |  |  |
| **Master's degree / advanced studies:** |
|  |  |  |  |
| Type: |  | Advanced studies | Year of passing the dissertation exam |  |  |
|  | At the Institution/University |  |  |
|  |  |  |  |
|  |  | Master's studies | Year of passing the dissertation exam |  |  |
|  | At the Institution/University |  |  |
|  |
| **Currently I am also enrolled at:** |
| 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 |  |  |
|  |  |  |  |
|  |  |  |  |
| 1. **FOREIGN LANGUAGES KNOWN:**
 |
|  |  |  |  |
|  |
|  |  |  |  |
| 1. **THE APPLICANT’S OPTION REGARDING DOCTORAL STUDIES**
 |
|  |  |  |  |
| **Doctoral field:** |  |  |
|  |  |  |  |
| **PhD supervisor:**  | Prof. |  | PhD, Eng. |  |
|  |  |  |  |
| **Form of financing:** | Funded from the budget (FB) - With scholarship |  |  |  |
|  |  |  |  |
|  | Funded from the budget (FB) - Without scholarship |  |  |  |
|  |  |  |  |
|  | Tuition - paying |  |  |  |
|  |  |  |  |
|  | Romanian Ethnic with scholarship – Scholarship holder of the Romanian state |  |  |  |
|  |  |  |  |
|  | Non-EU – Scholarship holder of the Romanian state |  |  |  |
|  |  |  |  |
|  | Non-EU – CPV (Own Foreign Exchange Account) |  |  |  |
|  |  |  |  |
|  | Funded from the budget (FB) – Roma special places - With scholarship |  |  |  |
|  |  |  |  |
|  | Funded from the budget (FB) – Roma special places - Without scholarship |  |  |  |
|  |  |  |  |
| 1. **STATEMENT**
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|  |  |  |  |
| 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: |  |
|  |  |  |  |  |  |