



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:

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

☐
☐



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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: _____