**DECLARATION**

## ON THE PAYMENT OF COSTS FOR DOCTORAL STUDIES IN BIOSCIENCES IN THE ACADEMIC YEAR 2025/26

The undersigned student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**young researcher** YES NO (circle as appropriate)

if YES, state the institution: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

enrolled in the academic year 2025/26 in the \_\_\_\_\_\_\_\_\_ year of doctoral studies in **Biosciences** in the scientific field \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, hereby declares that the payer

|  |
| --- |
| **of TUITION FEES** will be *(circle as appropriate):* |
| * **myself**
 |
| * **company**
 |
| * **public institute**
 |
| * **other**
 |

**of STUDY CONTRIBUTIONS will be** *(circle as appropriate):*

|  |
| --- |
| * **myself**
 |
| * **company**
 |
| * **public institute**
 |
| * **other**
 |

***Exact title of company or public institution:\*\*\****

|  |
| --- |
|  |
| *(title of company or public institute)* |
|  |
| *(department or chair – if the payer is the BF)* |
| *(registered address of the company or institute)* |
|  |
| *(postal code and place name)* |
|  |
| *(tax number of company or institute)* |
|  |
| *(address to which bills should be sent if different from the registered address of the company or institute)* |

Signature of student: Signature and seal of payer:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_