**DECLARATION**

## ON PAYMENT OF THE COSTS OF DOCTORAL STUDY BIOSCIENCES IN THE ACADEMIC YEAR 2023/24

The undersigned student .............................................................................................

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

if YES, state the institution: ………………………………………………………

enrolled in the academic year 2023/24 in the \_\_\_\_\_\_\_\_\_ year of doctoral study *Biosciences* in the scientific field \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, hereby declares that the payer will be:

|  |  |
| --- | --- |
| **TUITION FEES** *(circle as appropriate)* |  |
| * **myself**
 |  |
| * **company**
 |  |
| * **public institute**
 |  |
| * **other**
 |  |

***Exact title of company or public institute…:[[1]](#footnote-1)\****

|  |
| --- |
|  |
| *(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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. [↑](#footnote-ref-1)