

**DECLARATION
ON THE PAYMENT OF COSTS FOR DOCTORAL STUDIES IN BIOSCIENCES IN THE
ACADEMIC YEAR 2026/27**

The undersigned student: _____

young researcher YES NO (circle as appropriate)

if YES, state the institution: _____

enrolled in the academic year 2026/27 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**

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: _____

******* To be completed in case the student's tuition fees is paid by the faculty/institute/company. If the tuition fees is paid by any of the Biotechnical faculty departments, the signatory is the responsible person in the department.