**DECLARATION**

## ON THE PAYMENT OF STUDY CONTRIBUTIONS FOR PhD IN BIOSCIENCES IN THE ACADEMIC YEAR 2024/25

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

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

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

enrolled in the academic year 2024/25 in the \_\_\_\_\_\_\_\_\_ year of doctoral study **Biosciences** in the scientific field \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, hereby declares that the payer

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