

DECLARATION

ON THE PAYMENT OF STUDY CONTRIBUTIONS FOR PhD 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 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: _____

*** 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.