

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...:^{*}

(*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 fee is paid by the faculty/institute/company. If the tuition fee is paid by any of the Biotechnical faculty departments, the signatory is the responsible person in the department.