

# 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:\*\*\***

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*(title of company or public institute)*

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*(department or chair – if the payer is the BF)*

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*(registered address of the company or institute)*

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*(postal code and place name)*

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*(tax number of company or institute)*

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*(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:

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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.