Gdańsk, this …………………………

………………………………………………………………

candidate’s vocational title, given name and surname

………………………………………………………………

………………………………………………………………

 complete postal address

………………………………………………………………

 phone number

………………………………………………………………

e-mail

**Declaration of the candidate**

**to the First Doctoral School of the Medical University of Gdańsk**

I declare that:

1. I am not a student of any doctoral school.
2. I will not be employed as an academic teacher or researcher as of 01/10/2023
and up to the completion of the mid-term assessment.

………………………………….………………

full hand-written signature of the candidate