

SELF-DECLARATION AFFIDAVIT
P.D. 445 of 28.12.2000

The undersigned, (surname and name) _____
born in _____ (Province _____ on _____
resident in _____ (Province _____)
Street _____ Postcode _____
having applied to participate in the selection procedure for admission to the Doctoral Course in

curriculum _____

(tick the relevant box)

- WISHES TO BENEFIT FROM THE SCHOLARSHIP, and hereby declares:
- that he/she has not already been the beneficiary of another scholarship for a doctoral course;
 - that during the provision of the scholarship, his/her income for that year will be less than Euro 7,746.86
 - that he/she is aware of the fact that in the case of being awarded a scholarship, he /she is required to relinquish said scholarship in the event of exceeding the established income limit for the relevant year.
- DOES NOT WISH TO BENEFIT FROM THE SCHOLARSHIP

Date

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Signature