Application form

Doctoral Supplementary Scholarship DBCB

Academic year 2024/2025, Semester I.

1. **Personal data**

Applicant name: ...................................................... Neptun code: .....................

e-mail address: ........................................................................

1. **Data on doctoral status**

Doctoral school name: ...............................................................................

Doctoral programme (degree): .................................................... Year: ...................

Supervisor’s name: ...............................................................................

1. **Data on other professional activities**

Do you have any employment outside the University of Debrecen or any other regular employment other than your PhD studies?

**yes / no**

 If yes: Company name: .............................................................

the type of legal relationship: employment, temporary contract, student or apprentice (please underline)

1. **Do you receive any of the following scholarships in addition to your PhD scholarship? (mark with an x, including amount)**

(If you are receiving a grant for a fixed period, e.g. 3 months or half a year, but it is paid as a lump-sum, please divide the amount by the number of months you are eligible for and indicate the amount for 1 month.)

 Cooperative Doctoral Programme scholarship, amount ...................................Ft/month

 New National Excellence Programme scholarship, amount ..............................Ft/month

 Gróf Tisza István Foundation for the University of Debrecen Scholarship of Excellence, amount .............................................Ft/month

 Other (e.g. grant, company) scholarship, amount ..................................Ft/month

Name: ..................................................................

1. **Additional tasks undertaken under the call for proposals:**

(one from task A and one from task B):

 A1. At least one university course (practical, seminar) of 2-6 hours/week per semester in Hungarian or English, participation in examinations.

 A2. Participation in the research of the department beyond the scope of the doctoral thesis.

 B1. Tutoring for undergraduate and master students (e.g. lab work, thesis) at least 6 times per semester (60 minutes per occasion).

 B2. Supporting the work of the supervisor in Sántha Kálmán camps for secondary school students.

 B3. Holding a lecture in secondary schools to promote the faculty's courses (at least 5 times, e.g. DExpo).

 B4. Active participation in the events of the Researchers' Night of the University of Debrecen coordinated by the Department of Biophysics and Cell Biology, planning and assisting in the organisation of the events (at least 4 hours per semester, certified by the DBCB).

 B5. Recruitment of SRS (TDK) students, introduction to basic research skills (at least 10 hours of activity)

**Declaration by the Applicant**

* I, the undersigned applicant, being aware of my criminal responsibility, declare that I wish to apply for the Doctoral Supplementary Scholarship of the Department of Biophysics and Cell Biology, Faculty of Medicine, University of Debrecen in the first semester of the academic year 2024/2025.
* I declare that I fulfil the conditions set out in the call for applications~~,~~
* I declare that the information I have provided is correct. Any false information will be disqualified.
* I hereby undertake that if during the period of the scholarship payment there is a change in my doctoral student status, my status is terminated or suspended (passive semester), I am transferred to a part-time doctoral programme, I am obliged to inform the Department of Biophysics and Cell Biology of the fact and the reasons of the change within eight days.
* I acknowledge that if during the period of the scholarship there is a change in my legal status that precludes the payment of the scholarship under the terms of the notice, or if I fail to meet the conditions for the payment of the scholarship, set out in the notice, in any semester, the scholarship will be terminated.
* I acknowledge that in the event of a false declaration, statement or failure to provide information, the Institute may claim back the unlawfully received scholarship plus the basic interest rate of the Hungarian National Bank, which I am obliged to pay.

Dated: Debrecen, October 2024.

 ................................................. Applicant's signature

I authorise the tasks undertaken:

 ...................................................

 Signature of the supervisor