**………………………………………………………**

 **place, date**

**Candidate’s first name and surname**

**Correspondance adres**

**Telephone number, e-mail address**

 **Director**

 **Institute of Fundamental Technological Research**

 **Polish Academy of Sciences**

 **5B Pawińskiego Street**

 **02-106 Warsaw**

 I kindly ask you to admit me to the Doctoral School of Information and Biomedical Technologies of the Institutes of the Polish Academy of Sciences (TIB PAN) for the academic year 2020/2021.

**Proposed research topics:**

**Supervisor:**

**Research facility:**

 c*andidate’s legible signature*

In accordance to art. 13 of Regulation (EU) 2016/679 of the European Parliament and of the Council of 27 April 2016 on the protection of natural persons with regard to the processing of personal data and on the free movement of such data, and repealing Directive 95/46/EC (General Data Protection Regulation), hereinafter "GDPR", We inform that:

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