

DECLARATION

I, the undersigned
Name required Family name First Middle

.....from the city of

with address
Street Apt. Country, City, State Zip

possessing Passport number (ID)issued by.....

with Personal Identification number /Personal number of the Foreigner.....

DECLARE THAT,

The data from the submitted by me documents upon application at Medical University ‘Prof. Dr. Paraskev Stoyanov’ Varna is true and correct.

I have been informed that for any false data in the submitted by me documents I personally bear the responsibility according to art. 74 paragraph 2 section 1 by the Law on Higher Education and I am liable to penalty with suspension from the Higher School with all evolving consequences.

I have been informed about the criminal responsibility for false data under article 313 of the Criminal Code of Republic of Bulgaria.

Date:.....

Declarer.....