\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Warsaw, \_\_\_.\_\_\_.20\_\_ r.

*Name and surname*

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*address*

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*PESEL*

**A statement on a disability certificate, a degree of disability or a certificate referred to in Article 5 and Article 62 of the Act on Vocational and Social Rehabilitation and Employment of Persons with Disabilities for the purposes of recruitment at the Doctoral School of the VIZJA University Science Federation**

I, the undersigned\*, declare that I have[[1]](#footnote-1):

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. Copy in attachment no. \_\_\_.
2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. Copy in attachment no. \_\_\_.
3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. Copy in attachment no. \_\_\_.

Comments:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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*legible signature*

\* *- delete as necessary*

1. Declarations concerning a disability certificate, a degree of disability or a certificate referred to in Article 5 and Article 62 of the Act on Vocational and Social Rehabilitation and Employment of Persons with Disabilities will be verified on the day of taking the oath by the doctoral student. [↑](#footnote-ref-1)