A unified form

TO

THE DIRECTOR OF IPHS - BAS

A P P L I C A T I O N

From ……..

with address: district ..... populated place ……..... ZIP code .....

str. (residential area) ……., bl. …., entr. …., stry. …., apt. …., contacts: mobile ……..,e-mail: .....

DEAR Mrs./Mr. DIRECTOR,

I would like to be admitted to participate in the announced competition for the academic position of "**Associate Professor**" in the professional direction ……, scientific speciality ……....., promulgated in the State Gazette, No. ..... from the year 20..... .

I give consent that the personal data voluntarily provided by me regarding my participation in the competition will be processed by IPHS for the purposes of the competition and to receive information from IPHS in this regard.

I am informed that I can at any time withdraw my consent to the processing of my personal data by making an express written statement to this effect to the IPHS.

I enclose the following documents:

1. A Curriculum Vitae (CV) following the European template;
2. A diploma for the educational and scientific degree of "Doctor";
3. ……..
4. …….
5. …….

data ……..

Respectfully yours: .....

(signature)