



VERIFICATION FORM
ON FULFILMENT OF MINIMAL STANDARDS
for the process of obtaining the habilitation certificate

(page 2 is completed by the C.S.D. only after checking and approving the candidate's file)

I. INFORMATION ON THE CANDIDATE

LAST NAME _____ FIRST NAME _____

Current teaching degree _____

Discipline _____ Departament _____

Faculty _____ University _____

II. INFORMATION ON THE FULFILMENT OF THE HABILITATION CONDITIONS

PhD in _____ Confirmed by Order no. _____

Resident doctor / pharmacist / specialist / mayor _____ Confirmed by Order no. _____

III. DIGITAL DATA ON THE FULFILMENT OF THE NATIONAL MINIMUM CRITERIA AND STANDARDS (art.6 paragraph 3 letter a)

Habilitation Certificate Last name, first name	ISI articles with IF as main author		ISI articles with IF co-author		BDI articles as main author (since the latest promotion - only DM)		HIRSCH Index (only M; Ph)		FCiAP (only M; Ph)	
	Minimum	Achieved	Minimum	Achieved	Minimum	Achieved	Minimum	Achieved	Minimum	Achieved
	10 (M; Ph) 8 (DM)		5 -	-	- 20	-	6 -	-	10 -	-

IV. DIGITAL DATA REGARDING THE FULFILMENT OF THE SPECIFIC CRITERIA AND STANDARDS (art.6 paragraph 3 letter b)

Habilitation Certificate Last name, first name	ISI articles with IF Fields of M, Ph		ISI articles with IF Field of DM		ISI articles Original Research		Grant / Research project	
	lead author (type of articles unrestricted)		lead author (type of articles unrestricted)		original research / lead author		Director	
	Minimum	Achieved	Minimum	Achieved	Minimum	Achieved	Minimum	Achieved
	5		3		5 / 3	/	1	

Patent equivalence (if appropriate): ☐ YES ☐ NO

I hereby confirm that the information mentioned above is real and refers to my own professional and scientific activity.

Date

Candidate



UNIVERSITATEA DE MEDICINĂ,
FARMACIE, ȘTIINȚE ȘI TEHNOLOGIE
„GEORGE EMIL PALADE”
DIN TÂRGU MUREȘ

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Verification by designated members of the C.S.D.:

1. _____ Signature_____

2. _____ Signature _____

Fulfilment of national and specific minimum criteria and standards

(certified by the Director of the Doctoral School Board and endorsed by the C.S.U.D. Director of the I.O.S.U.D.)

ADMITTED / REJECTED * (in case of rejection of the file, the reason for rejection of the file / non-fulfilment of the minimum criteria is mentioned in detail)

*

Director of C.S.D.,
Prof.dr. Lucian PUȘCAȘIU

Director of C.S.U.D.,
Prof.dr. Rodica BĂLAȘA

(Signature)

(Signature)