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2025 CALL FOR RESEARCHERS IN TRAINING

UDL_6_2025_FD

Personal data

NIF/NIE/Passport:

Male:

Female:

Name:

1st Surname:

2nd Surname:

Place of birth:

Province / Region of birth:

Date of birth:

Country of birth:

Nationality:

Address:

Town -Country:

ZIP Code:

Phone number:

E-mail:

Degree required to apply

Degree:

Starting year:

Graduation year:

University:

Country:

Master's Degree:

Starting year:

Graduation year:

University:

Country:

PhD project

Title:

Official Code:

Principal investigator:

DECLARATION OF RESPONSIBILITY FOR THE VERACITY OF THE DOCUMENTS SUBMITTED

I DECLARE:

1. That the documents I submit in this proceeding are true copies of the original documents.
2. That I take responsibility for the veracity of said copies.
3. That I have been informed of the possibility of having to show the originals to confront the copies submitted, when there are doubts derived from the copies or the relevance of the document in case it is required during the procedure.
4. That I have been informed of the possibility of opposing the exercise of verification by the Universitat de Lleida, for the verification of the data that I submit. In any case, in the exercise of this right of opposition, I must accredit the reasons that justify it, so that they can be evaluated by the University and I will be obliged to present the documents to the consultation of which I object.

I object to the Universitat de Lleida verifying my data, for the following reasons:

5. I request to be admitted to the call to which this application refers, I declare that each and every one of the data provided in this application is true and that I meet the required conditions indicated in this call.

Attachment of other complementary
documents to this form

*Adjunción de otros documentos complementarios a
este formulario*