# Filled by the Doctoral Candidates’ Union Office

Four dots (....) mark the place to be filled.

Receiving date:

Audition date:

Number of the decision of the Doctoral Candidates’ Union Board:

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

# REPORT ON THE IMPLEMENTATION OF THE PROJECT FUNDED BY THE DOCTORAL CANDIDATES’ UNION BOARD

**Information to the applicant**: the report has to be filled in electronically and signed (by hand or with a trusted profile or with an electronic signature). Completed application should be sent to the Office of Doctoral Candidates’ Union to the following address: doktoranci@samorzad.uw.edu.pl or delivered to the Office in person (ul. Krakowskie Przedmieście 24, room 110).

**The project was co-finced under: (select appropriate) I PILLAR II PILLAR**

## I. DATA OF THE APPRAISING PERSON

Name of the project: ....

Affiliation of the applicant: ....

Name and surname of the appraising person: ....

Telephone number of the appraising person: ....

E-mail address of the appraising person (UW domain): ....

## II. INFORMATION ON THE PROJECT IMPLEMENTATION

Place of the project: ....

Project execution period: ....

Number of participants: ....

Description of the project execution e.g. what goals have been achieved: ....

Benefits achieved through the execution of the project: ....

## III. FINAL BUDGET

**Incomes**

| No. | Source of income | Amount |
| --- | --- | --- |
| 1. |  |  |
| 2. |  |  |
| 3. |  |  |
| 4. |  |  |
| **SUM** |  |

**Costs**

| No. | Expenses | Amount |
| --- | --- | --- |
| 1. |  |  |
| 2. |  |  |
| 3. |  |  |
| 4. |  |  |
| **SUM** |  |

Point which expenses have been covered with the financing from the Doctoral Candidates’ Union: ....

## IV. SIGNATURE

I hereby declare that all of the provided information is true. I acknowledge and I accept all of the internal rules and regulations of the University of Warsaw as well as rules of the Polish Law, in particular regarding the responsibility for attestation of an untruth.

I hereby confirm that I agree for the financing to be annulled in case of attestation of an untruth.

Place and date: ....

Signature: ....

## V. ENCLOSURES

(Place for the list of enclosures)