To Aristotle University of Thessaloniki

Department of Medicine

***APPLICATION***

Please accept my application for participation in the Postgraduate Program***:***

***"NEW METHODS AND TECHNOLOGIES IN THE TREATMENT OF DIABETES MELLITUS"***

|  |  |
| --- | --- |
| NAME: |  |
| FATHER'S NAME  MOTHER'S NAME |  |
| DATE: BIRTH |  |
| PLACE OF BIRTH |  |
| ADDRESS: |  |
| CITY: |  |
| PHONES: |  |
| e-mail |  |
| ID/DATE OF PUBLICATION/AUTHORITY |  |
| AMKA |  |

**DETAILED RECORD OF CANDIDATE'S QUALIFICATIONS**

**Degree (Bachelor's Degree)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| *n/a* | *\** | *School / Department* | *Degree* | *Credits\** |
|  |  |  |  |  |
| *n/a* | *\** | ***2ND DEGREE*** | | |
|  |  |  | | |
|  |  | **Correspondence of Marks by D.O.A.T.A.P. / Recognition by D.O.A.T.A.P., or license to practice the profession** | | |

**Foreign language**

|  |  |  |  |
| --- | --- | --- | --- |
| *n/a* | *\** | *Certificate Title* | *Credits\** |
|  |  |  |  |
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**Other languages**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| *n/a* | *\** | *Language* | *Certificate Title* | *Credits\** |
|  |  |  |  |  |
|  |  |  |  |  |

**Research activity**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| *n/a* | *\** | *Activity* | *Magazine / Conference* | *Credits\** |
|  |  | **Author of an article in an international print or electronic journal (peer reviewed Journal)** |  |  |
|  |  | **Author of an article in a nationally recognized Greek print or electronic journal (peer reviewed Journal)** |  |  |
|  |  | **Author of a Greek or international conference paper or speaker at a round table** |  |  |

**Postgraduate Degrees**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| *\*a/a.* | *\** | *Foundation* | *Title* | *Molecules\** |
|  |  |  |  |  |
|  |  | **Recognition by DOATAP** | | |

**Other supporting documents required by the notice:**

|  |  |  |
| --- | --- | --- |
| *n/a* | *\** | *Supporting documents* |
|  |  |  |
|  |  |  |
|  |  |  |

**Interview\***

|  |  |  |
| --- | --- | --- |
| ***Full Name / Signature*** | ***Degree*** | ***Molecules*** |
|  |  |  |
|  | 0 |

|  |  |  |
| --- | --- | --- |
| The candidate...........  (Signed) | Withdrew the supporting documents  ………………………………………………  Date.........  Signature | Thessaloniki ............................. |