\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Warsaw, \_\_\_.\_\_\_.20\_\_.

*First and last name*

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*address*

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*PESEL*

**Declaration on the certificate of disability, the degree of disability or the certificate referred to in art. 5 and 62 of the Act on vocational and social rehabilitation and employment of persons with disabilities**

**for recruitment at the Doctoral School of the University of Economics and Human Sciences in Warsaw**

I, the undersigned, declare that I am a holder of[[1]](#footnote-1):

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ A copy in Appendix No. \_\_\_.
2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ A copy in Appendix No. \_\_\_.
3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ A copy in Appendix No. \_\_\_.

Comments

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*(legible signature)*

1. Declarations regarding the certificate of disability, the degree of disability or the certificate referred to in art. 5 and 62 of the Act on vocational and social rehabilitation and employment of persons with disabilities will be verified on the day the doctoral student takes the student’s oath. [↑](#footnote-ref-1)