



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/ scientific _____

Faculty: _____ Department: _____

University / Work place: _____

II. INFORMATION ON THE FULFILMENT OF THE HABILITATION CONDITIONS

PhD in _____ Confirmed by Order no. _____

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

Field: ENGINEERING AND MANAGEMENT

Crt.	Activity field:	Score:	
		Minimal Standard	Achieved
1.	Teaching and professional activity A.1.	130	
2.	Research activity A.2.	300	
3.	Recognition and impact of the activity A.3.	100	
4.	Total score	530	

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



UMFST-REG-77-F06-Ed.07 EN

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.,

(Signature)

Director of C.S.U.D.,

Prof.dr. Rodica BĂLAȘA

(Signature)

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