**Semmelweis 250+ PhD Scholarship for Excellence**

**APPLICATION FORM**

Applicant’s Name:……………………………………………………………………………………………

Neptun Registration Code:……………………………………………………………………………………

E-mail Address:………………………………………………………………………....................................

Name of the Doctoral Division…………………………………………………………….

Type of PhD Training (the appropriate one must be underlined): state scholarship /

self-financing / MD-PhD (after the complex exam)

Workplace/Research Institute:………………………………………………………………………………..

Name of the Supervisor:…………………………………………………………………

Publication activity:

|  |  |  |  |
| --- | --- | --- | --- |
|  | number | Among them | Total IF |
|  | D1 | Q1 | Q2 |
| ORIGINAL scientific paperspublished in "Peer-reviewed" scientific journals |  |  |  |  |  |
| First-author publications from among the ones mentioned above |  |  |  |  |  |
| Shared first-author publications from among the ones mentioned above |  |  |  |  |  |
| Book chapters and SUMMARY type scientific works in „peer-reviewed journals |  |  |  |  |  |

Teaching activity completed in the previous 2 semesters and undertaken in the following semester, summarised in the number of contact hours per semester:

Institute name:

|  |  |  |  |
| --- | --- | --- | --- |
|  | Previous teaching commitment/undertaking\* | Fact | Teaching commitment/undertaking |
|  | 2023/2024/II. | 2023/2024/I. | 2023/2024/II. | 2024/2025/II. |
| independent leadership of practical sessions  |  |  |  |  |
| co-leadership of practical sessions;demonstrartorship |  |  |  |  |

\* If you received the Semmelweis 250+ Excellence Scholarship in the 2/23/2022 semester, the number of hours you undertook at that time in the application submitted must be entered here, otherwise leave this column empty!

Budapest, ……………………………..2024

……………………………………………….

Applicant’s Signature

I am supporting the application:

………………………………………………

Supervisor’s Signature

**I confirm the authenticity of the data relating to the previous and undertaken educational activities in Semester I of the academic year 2023/2024 I. and Semester II of the academic year 2023/2024 II, also**

the adopting clinic/research institute undertakes to supplement the financial support in the amount of ………… HUF/month.

……………………………………………….

Signature of the Clinic/Head of Department

***Additional documents required for the application are edited in a common pdf file with the scanned, signed application form such as:***

* ***Short professional curriculum vitae (CV);***
* ***List of publications printed from MTMT and certified by the University Central Library with indication of impact factor\*, citations and ranking of journals (based on SCImago ranking: D1, Q1, Q2, Q3, Q4);***
* ***In the case of publications already accepted for publication but not yet included in the MTMT, a copy of the letter of acceptance and the title page of the scientific article;***
* ***Recommendation from heads of institute and/or supervisors (optional);***
* ***A copy of an international conference abstract copied from an abstract book - or downloaded from an online interface - (only required for PhD students facing the complex exam);***
* ***A copy of OTDK award certificate(s) (required only for PhD students facing the complex exam).***

\* in the year the article was published or based on the most recent list