



UNIVERSITATEA  
DE MEDICINĂ ȘI FARMACIE  
„VICTOR BABEȘ” DIN TIMIȘOARA

## ANNEX 1

### STATEMENT ON PROCESSING PERSONAL DATA

The undersigned applicant \_\_\_\_\_  
(full name) holding the Personal Identification Number (CNP)/ Passport no. / ID card  
number \_\_\_\_\_

\_\_\_\_\_

acting as a candidate for the Competitive entrance exam to "Victor Babeș" University of Medicine and Pharmacy of Timisoara, session 2023, hereby agree and confirm my consent regarding the use and processing of my personal data (according to the provisions of the *Regulation on the protection of individuals with regard to personal data processing and the free circulation of this data*) by “Victor Babeș” University of Medicine and Pharmacy of Timișoara and the competent institutions.

Date:

Signature: