

CANDIDATE'S DECLARATION
on the absence of health contraindications
to undertake education at the Doctoral School
of the Ignacy Jan Paderewski Academy of Music in Poznań
in the specialization:

I, the undersigned
residing at
holding identity card no.
.....
issued by

hereby declare that my state of health allows me to undertake education at the Doctoral School of Solo and Ensemble Music: Contemporary Performance Practice of the Ignacy Jan Paderewski Academy of Music in Poznań, in the specialization:

I also declare that I **do / do not** (*delete as appropriate*) hold a disability certificate:
..... (*please specify the type of disability*).

.....
(*place and date, signature*)