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The Scientific Council

National Institute of Geriatrics, Rheumatology and Rehabilitation

The name of prof. dr. hab. med. Eleonora Reicher

1 Spartańska Street

02-637 Warsaw

**APPLICATION**

I kindly ask for your consent to initiate proceedings for the award of the degree of doctor.

The subject of my doctoral dissertation is:

I agree

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Date and signature of the Head of Clinic/ Facility