**POST-TRAINING DOCUMENTATION CONCERNING ONE-MONTH TRAINING**

**for doctoral candidates of IDSMM**

(conducted at the Faculty of Mathematics, Physics and Informatics

of the University of Gdańsk)

within realisation of the project

*PWP Interdisciplinary Doctoral Studies in Mathematical Modelling*

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Place of training (full address):

Time of training:

Participation in seminars, lectures, etc. (time, subject of meetings):

Description of scientific contacts which have been established:

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(date and signature)

Approved by promoter of research topic selected within the framework of IDSMM:

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(date and signature)

Approved by Head of Doctoral Studies IDSMM:

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(date and signature)

I hereby certify that Mr/Mrs/Ms ……………………………………………………………………………..   
was a trainee at …………………………………………………………………… (name of training centre) from……..……………… to ………………………

Seal of the centre and signature of a person representing the authorities