서약서

**MODEL 1**

**SOLEMN DECLARATION**

-I, the undersigned…………………………… hereby declare that I do not intend to receive a scholarship of another carrier of the Greek Government or the E.U. during the period of my scholarship. In case false particulars have been submitted, the scholarship will be revoked or interrupted and I will be called to return the whole granted amount.

-I have read the Scholarship’s Call for the academic year 2014-15 and I agree with its terms.

-I have already received the scholarship from (Greek carriers only)….. amount……… duration.......…….

Place and date

Signature

* Please fill in all required fields

**MODEL 2**

To the Ministry of Education and Religions

Directorate of Studies and Students Welfare

37 An. Papandreou street, P.C. 15180 Marousi

Enq. : A. Rousoulioti-Aik.Mantellou

Tel. 2103443469

Fax 2103442365

I hereby certify that I will supervise the research project of the student………………………………………………………………….., Candidate Scholar of the Ministry of Education, Lifelong Learning and Religions with the topic : “……………………………………...” at the University ………………… School …………………………….

Department…………………….with duration…………………………

I know that the scholar will receive monthly nutrition fees 450 euro and that the scholarship does not cover tuition fees.

Place, Date

Supervisor’s Signature and seal for the authenticity of his/her signature

*It is noted that (a) this model is indicative and the supervisor may choose his own form of certification, (b) the certification must be written in Greek and bear an original signature and seal.*

\*To be filled by your Supervisor in Greece

*Exact translation of the Greek attached document.*

*Athens 31.01.2014 The translator THEODOSSIA KAPELONI*