MEDICAL UNIVERSITY

PROF. DR. PARASKEV STOYANOV - VARNA

**SCHOOL FOR PhD STUDENTS**

**CURRICULUM VITAE**

Photograph

E-mail:

Telephone number: **+3598**

Correspondence address:

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**Personal information**

Name:

Middle name:

**Family name:**

**Date and place of birth**:

Nationality:

My current residence is in:

**Education**

Period:

Degree/level:

Educational establishment:

Location:

Qualification:

**Professional experience**

Period:

Position:

Organization:

Business sector:

Location:

Company size:

Additional information:

**Academic development**

Title of the PhD thesis:

Taught academic disciplines:

Specializations in Bulgaria and abroad:

Publications:

Project participation:

Membership in scientific organizations:

**Languages**

Mother tongue: ***Level of Understanding Speaking Writing***

 (Self - assessment: Basic, Intermediate, Advanced)

Other language(s): ***Level of Understanding Speaking Writing***

 (Self - assessment: Basic, Intermediate, Advanced)

**Professional and social skills**

**Additional information**

Date: …………………

City of …………………… Signature: ………………………