

## SWORN STATEMENT

Location: .....

Date: .....

Full name: .....

Postal Address:

Street / road name, building number

City, state, ZIP Code, country

To whom it may concern,

- I have not benefited previously from an EMJMD scholarship and I am not a former Erasmus Mundus Master/Doctoral Course scholarship holder.

Only in the case of applicants for PARTNER COUNTRY SCHOLARSHIPS:

- I am not resident nor I have carried out studies or training work for more than a total of 12 months over the last 5 years in any Programme country

*The 5-year residence period for this 12-months rule is calculated backwards from the submission deadline of the application for the EMJMD student scholarship.*

### IMPORTANT

By checking this box, you agree to provide an official document stating your place of residence, no older than 12 months, e.g.:

- ✓ Residence certificate issued in accordance with your municipality normal registration rules;
- ✓ Certificate from your place of work, study or training, issued by the employer or institution in question.

Signature:

**Programme countries**

**EU Countries**

Austria  
Belgium  
Bulgaria  
Cyprus  
Croatia  
Czech Republic  
Denmark  
Estonia  
Finland  
France

Germany  
Greece  
Hungary  
Ireland  
Italy  
Latvia  
Lithuania  
Luxembourg  
Malta  
Netherlands

Poland  
Portugal  
Romania  
Slovakia  
Slovenia  
Spain  
Sweden  
United Kingdom

**Non-EU Countries**

North Macedonia  
Iceland

Liechtenstein  
Norway

Serbia  
Turkey

**Partner countries**

All the other countries.