

Translated from Romanian language into English language

**Brasov County
Council**

**CLINICAL HOSPITAL OF
PNEUMOPHTISIOLOGY AND
INFECTIOUS DISEASES of BRAȘOV**

Brasov, 12, Aleea Dealul Spirii, Code 500118

Phone 0268.477.011, 0268.477.263; Fax: 0372.870.370

Email: manager@pneumologie.ro, website:

www.pneumologie.ro

ANMCS
unit under
accreditation
process

No. 5442/April 29th, 2025

CERTIFICATE

We hereby certify that Mrs. PITELE ECATERINA, CNP 2911117803932, identified by the identity card CI series ZV no. 536968 issued by SPCLEP BRAȘOV on October 20th, 2023, domiciled in BRAȘOV, 14, CARPATILOR Street, flat 2A, has been employed with our unit since February 1st, 2020, currently holding the position of resident physician in the 4th year within the Clinical Hospital of Pneumophthisiology and Infectious Diseases of Brașov.

Under the sanctions applied to the act of forgery in public documents, I declare that the data in the certificate are correct and complete.

This certificate was issued upon request to apply to the Master's program.

MANAGER
Dr. DAN MORARU
/signature/

COMP.RUNOS
Ec. MOCANCA AURELIA
/signature/

Stamp: Romania. Brasov County Council. Clinical Hospital of Pneumophthisiology and Infectious Diseases of Brașov.





AGENTIA SERVICII AUTORIZATE

REPUBLIC OF MOLDOVA

„CR SUCCES” LLC

TRANSLATIONS AGENCY „AGENȚIA SERVICII AUTORIZATE”

OFFICE: Chisinau municipality, 62, Alexandru cel Bun street

PHONE: +373 68-853-504 (Viber/Whatsapp)

WEB: WWW.ASA.MD

*Subsemnata, **Graur Elena**, traducătoare autorizată (limba engleză), certific exactitatea traducerii cu textul înscrisului în original care a fost vizată de mine.*

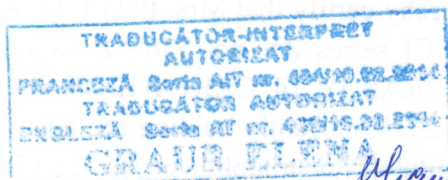
*The undersigned, **Graur Elena**, authorized translator (English language), certify the accuracy of the translation with the text of the original document which it was endorsed and approved by me.*

Stamp: Authorized translator-interpreter, French language, series

AT No. 464/10.02.2014 English language, series AT No. 465/10.02.2014

06/05/2025

Semnătura/Signature



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LLC „CR SUCCES” Company



06/05/2025

Signature

Turcan

Company stamp: *”CR SUCCES” LLC*Republic of Moldova*



Consiliul Județean
Brașov



**SPITALUL CLINIC DE PNEUMOFIZIOLOGIE
SI BOLI INFECTIOASE BRAȘOV**

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Nr

5442 / 29.04.2025

ADEVERINȚĂ

Prin prezenta se certifică că doamna **PITEL ECATERINA**, CNP 2911117803932, act de identitate CI seria ZV nr.536968 eliberata de SPCLEP BRASOV la data de 20.10.2023 cu domiciliul în BRASOV, Str.CARPATILOR NR.14, APT.2A, este angajată în unitatea noastră începând cu data de 01.02.2020, în prezent avand funcția de medic rezident anul IV din cadrul Spitalului Clinic de Pneumoftiziologie si Boli Infectioase Brasov.

Sub sancțiunile aplicate faptei de fals în acte publice, declar că datele din adeverință sunt corecte și complete.

S-a eliberat prezenta adeverinta la cerere pentru a aplica la programul de masterat .

MANAGER

Dr. DAN MORARU



COMP.RUNOS

Ec. MOCANCA AURELIA