………………………………………..
(place and date)

…………………………………………………………………
[Full name of the person granting the power of attorney]

…………………………………………………………………
[Address]

………………………………………………………………….
[PESEL if applicable]

………………………………………………………………….
[ID document number of the person granting the power of attorney]

**POWER OF ATTORNEY**

In compliance with Article 33 § 1 and 2 of the Act of June 14th, 1960 – Code of Administrative Procedure (Journal of Laws of 2023, item 775, as amended), Article 98 § 1 of the Act of February 25th, 1964 – Family and Guardianship Code (Journal of Laws of 2023, item 2809, as amended), and Article 98 of the Act of April 23th, 1964 – Civil Code (Journal of Laws of 2023, item 1610, as amended), I hereby authorise:

………………………………………
[Full name of the candidate]

……………………………………..
[Address]

………………………………………
[PESEL if applicable]

……………………………………….
[ID document number]

to act on my behalf at the Medical University of Silesia in Katowice in the administrative proceedings concerning the candidacy in the recruitment process for studies, conducted at the Medical University of Silesia in Katowice for the academic year 2024/2025.

Additionally, to independently perform activities, including submitting all applications and petitions, making declarations, collecting correspondence, and paying and receiving any payments.

I further authorise ……………………………………………………………………………………… [full name of the candidate] to independently sign (enter into) the payment agreement with the Medical University of Silesia in Katowice.

………………………………………………………………………….
(SIGNATURE OF THE PERSON GRANTING POWER OF ATTORNEY)