

Required Documentation:

1st PDF file:

Registration form duly completed, with photo and signed (Annex I). Official academic transcript (signed by the coordinator) of the candidate's undergraduate degree.

Graduation diploma or official document from the course coordinator stating the date on which the degree conferral ceremony took place/will take place in the undergraduate course.

Candidate's birth certificate.

Candidate's marriage certificate (only when there is a change of surname).

Candidate's identity document (front and back on the same page).

Candidate's CPF (front and back on the same page; applicable when the CPF number is not provided on the ID card itself).

Candidate's voter registration card (front and back on the same page; does not apply to foreigners).

Candidate's Military Reservist Certificate (men only; front and back on the same page; does not apply to foreigners).

Proof of residence (only for candidates residing outside the State of Rio de Janeiro).

Birth certificate of the child (in the case of mothers who had children through adoption and/or pregnancy in the last five years)

Self-declarations (Annexes II-IV), if applicable.

Declaration of receipt or non-receipt of paid activity and exclusive dedication or not to PPGFQM (Annex VI).

Foreigners:

Foreign candidates must present equivalent documents (i.e., copy of passport, in addition to all documents mentioned above).

After approval, the incoming foreign student must present a visa to stay and study in Brazil.

2nd PDF file:

Letter (signed) of acceptance from the supervisor(s) accredited in the Program, indicating the name of the candidate and the title of the project to be developed by the candidate.

Master's dissertation project in PDF file of up to 15 pages, with 1.5 spacing and Arial 12 font.

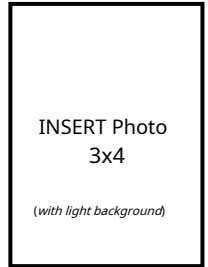
3rd PDF file:

Candidate's Lattes CV.

Completed Annex V scoring table. Supporting documentation for the scoring table.

ANNEX I

Application for: 202__ 1st. 2nd. Semester



Course: Master's degree PhD Direct PhD

Registration Modality: Free competition Quota

Quota Type: black and brown indigenous disabled person

Test Modality: In person Remote (only for residents outside the State of Rio de Janeiro)

Registration number in the Single Registry (if applicable): _____

Name: _____ Social

Name: _____ Date of Birth: __/__/__

_____/____/____ Gender: _____

Place of Birth: _____ Identity: _____ Nationality: _____

CPF: _____ Voter Registration Agency: _____ Date of Issue: __/__/__

Military service certificate: _____ Agency: _____ Electoral Zone: _____ Section: _____

Date of issue: __/__/__

Marital status: _____ Full

residential address: _____ Zip code: _____

_____/____/____ City: _____ State: _____ Country: _____

Telephone: residential: (____) _____ Cell phone: (____) _____

E-mails: _____

Degree: _____ University: _____ Period: __ to __

Master's degree: _____ University: _____ Period: __ to __

Proposed advisor: _____ Institution: _____ Proposed

co-advisor: _____ Institution: _____ Current occupation: _____

Field not required

Banco do Brasil Branch and Current Account:

Other information you deem appropriate:

I declare that the information provided here is truthful and I declare that I am aware that approval in the selection does not guarantee the granting of a Scholarship, as this depends on the available quota.

Candidate's Signature: _____ Date: __/__/__

ANNEX II

FOR BLACK AND BROWN CANDIDATES

I: _____
Date of birth: ____/____/____ Place of Birth: _____
Identity no.: _____ Date of Issue: ____/____/____ Issuing Agency: _____
CPF no.: _____, Marital status: _____
Address: _____, number: _____, complement: _____
District: _____, Zip code: _____, City: _____, State: _____ Home
phone number: (_____) _____ Cell phone: (_____) _____
E-mail: _____

I am aware of and agree with the rules of the Selection Notice for the Postgraduate Program in Pharmacology and Medicinal Chemistry for the period 2025-2, of the Federal University of Rio de Janeiro, declaring myself black or brown, being socially recognized as such. For this reason, I choose to compete in the modality of reserving places for black and brown candidates.

I declare that the information provided is true, and I am aware that any false statement, once proven through institutional procedures, will result in the cancellation of my enrollment at the Federal University of Rio de Janeiro - UFRJ.

I further declare that I am aware that false information may subject me to the provisions of Article 299 of the Brazilian Penal Code.

Rio de Janeiro, ____ of _____ of 2025.

(Signature)

ANNEX III
INDIGENOUS SELF-DECLARATION - UFRJ

I, _____ member of the _____ (*village/ community/organization/indigenous land*), located in the municipality of _____ and UF _____. RG _____, CPF _____, summoned for enrollment at UFRJ for the 2025 academic period in the Postgraduate course in Pharmacology and Medicinal Chemistry at the Institute of Biomedical Sciences. I declare that I am indigenous and inform the following criteria about my ethnic background, thus fulfilling the affirmative action admission requirement of the Federal University of Rio de Janeiro.

Ethnicity/people:

Family origin/ancestors:

Organization/community in an urban context:

I declare that the information provided is true, and I am aware that any false statement, once proven through institutional procedures, will result in the cancellation of my enrollment at the Federal University of Rio de Janeiro - UFRJ.

I further declare that I am aware that false information may subject me to the provisions of Article 299 of the Brazilian Penal Code.

Rio de Janeiro, _____ of _____ of 2025.

(Signature)

ANNEX IV

DECLARATION OF PERSON WITH DISABILITY

Identification of the candidate for the vacancy for a person with

a disability NAME: _____

COMPANY NAME: _____

DATE OF BIRTH: _____ GENDER: _____

ID: _____ State/ID: _____ CPF: _____

TEL.: _____

FULL ADDRESS: _____ CITY: _____

STATE: _____ ZIP CODE: _____ E-MAIL: _____

Identification of the responsible physician

NAME OF DOCTOR: _____

PROFESSIONAL REGISTRATION (CRM): _____

LOCATION OF SERVICE: _____

TEL.: _____

MEDICAL INFORMATION

TYPE OF DISABILITY:

INTERNATIONAL CODE OF DISEASES (ICD):

PHYSICAL DISABILITY:

HEARING IMPAIRMENT:

VISUAL IMPAIRMENT:

INTELLECTUAL Disability:

MULTIPLE Disability:

Deaf-blindness disability:

Autism Spectrum Disorder:

Detailed description of the type and degree of disability that justifies the reservation of a place:

Observations: All fields must be filled in LEGIBLY or typed.

UFRJ reserves the right to request information, clarifications and additional documents (from the applicant and the doctor responsible for the certificate), as well as to submit a technical opinion and even an in-person evaluation.

This form will only be valid if it is duly completed with all medical information;

The physician assumes, under penalty of law, full responsibility for the veracity of the medical information provided here. I declare that the information provided is true, and I am aware that any false statement, once proven through institutional procedures, will result in the cancellation of enrollment at the Federal University of Rio de Janeiro - UFRJ.

I further declare that I am aware that false information may subject me to the provisions of Article 299 of the Brazilian Penal Code.

Rio de Janeiro, _____ of _____ of _____ .

Signature and Stamp with Doctor's CRM: _____

Signature of the candidate or legal representative:

ANNEX V

CRITERIA FOR THE MASTER'S SELECTION PROCESS

- Specific knowledge test score (PCE): from 0.0 to 10. Minimum passing score: 5.0
- Evaluation and Argumentation of the Research Project (AAPP): 0.0 to 8.0
- Candidate's Curriculum Vitae (CV): 0.0 to 2.0

Final grade calculation: $(PCE \times 0.4) + [(AAPP+CV) \times 0.6]$
Minimum passing grade: 7.0

1. The evaluation and Argumentation of the Research Project (AAPP) will be carried out considering the following items:

- a. Regarding the level of specific knowledge related to the project and its feasibility (3 points);
- b. Regarding the level of general knowledge in the project area (3 points);
- c. Quality of presentation (2 points).

2. The curriculum analysis will be carried out considering the following items:

a. Departure note:

Candidates with a completed degree or in the process of graduating (within 60 days): 1.2 points + 0.2 academic performance points (assessment of the performance coefficient); **minimum of 1.2 points and maximum of 1.4 points** .

b. The additional score (0.6 points) will be determined according to the following criteria:

b1. Presentation of papers, lectures and abstracts published in annals of events relevant to the area of pharmacology and/or medicinal chemistry and related areas presented at scientific events: 0.5 points per paper, **maximum of 4.0 points** . b2. Participation in Scientific or Technological Initiation programs: 0.5 points per semester, **maximum of 4.0 points** . b3. Participation in academic monitoring and leagues related to the area of pharmacology and/or medicinal chemistry: 0.5 points per semester, **maximum of 4.0 points** .

b4. Participation in extension and/or scientific dissemination activities: 0.5 points per work, **maximum of 2.0 points** . b4. Works published in scientific journals indexed in CAPES Qualis (four-year period 2017-2020) and/or requests for registration and granting of patents, both relevant to the area of pharmacology and/or medicinal chemistry and related areas, weights stipulated in the Table, **maximum of 10.0 points** .

b6. Awards and highlights: 0.5 points for awards or highlights in events in the area of pharmacology and/or medicinal chemistry and related areas, **maximum of 4.0 points** .

b7. Events, internships and extracurricular courses: 0.5 points for organizing events in the area of pharmacology and/or medicinal chemistry and related fields; 0.5 points for participating in a national or international event in the area of pharmacology and/or medicinal chemistry; 0.25 points for every 45 hours of extracurricular internships in an area related to pharmacology and/or medicinal chemistry; 0.25 points for every 15 hours of workload in extracurricular courses in the area of pharmacology and/or medicinal chemistry and related fields; **maximum of 2.0 points** . Note 1: Definitions

a. Presentation of work: oral communications, poster presentations and other short presentations (less than 30 min).

b. Lectures: long presentations, longer than 30 minutes. The candidate must have been the speaker.

c. Awards: FAPERJ Grade 10 scholarship, *travel awards*, honorable mentions, highlights. The candidate must be the award-winning author, and not a co-author of the submitted work.

CV Score Calculation:

a. Starting Score (1.4) + Supplementary Score (0.6) = 2.0

b. Additional score: the number of points achieved by the candidate with the best CV (according to the table below) will be equivalent to a score of 0.6. The score of the other candidates will be calculated following the rule of 3, as per the equation below.

$$\text{Candidate's final score} = (\text{candidate's score} \times 0.6) / \text{PM}$$

where: PM = score obtained by the candidate with the best CV

c. According to item 1.5 of the Notice, in cases of parenthood, a fixed correction factor of 1.1 will be applied to the final grade of the curriculum, if the maximum value has not been reached in this item.

The candidate must complete the table below (complementary score), attach the respective supporting document with the number indicated in the Table, and calculate the value of the complementary score achieved. The Selection Committee may change (increase or decrease) or confirm the score proposed by the candidate based on the documentation sent at the time of registration. The Committee will add the starting score, if applicable, and will include the correction by

parenthood and will calculate the final grade of the CV. Note 2: The CV will be evaluated based on the documentation presented.

COMPLEMENTARY SCORING TABLE FOR MASTER'S CANDIDATES

Item	Amount	Weight	Points	Scoring Maximum	Nos. of documents
b1. Papers at scientific events					
• Lecture at a national or international scientific event		× 1.0		4.0	
• Presentation of papers at scientific events (poster or oral)		× 0.5			
• Abstract published in conference proceedings (1st author)		× 0.3			
• Abstract published in event proceedings (co-author)		× 0.2			
b2. Scientific or Technological Initiation per semester		× 0.5		4.0	
b3. Academic monitoring or league per semester		× 0.3		3.0	
b4. Scientific extension and dissemination (activity)		× 0.5		2.0	
b5. Scientific Articles and Patents					
• First individual or shared authorship		× 2.0 × Stratum ^{the}		10.0	
• Co-authorship		× Stratum ^{the}			
• Registered Patents		× 2.0			
• Patents Granted		× 3.0			
b6. Awards and highlights		× 1.0		4.0	
b7. Organization of extracurricular events and courses					
• Event organization		× 0.5		3.0	
• Participation in national or international events		× 0.25			
• Extracurricular internships		× 0.25/45 h			
• Extracurricular courses		× 0.25/15 h			
Total Points:				30.0	
Additional Note:					
CV Score (Departure Score + Supplementary Score): Parenting (CV Score x 1.1):					

aStrategy A1: 3 points, A2: 2.75 points; A3: 2.5 points; A4: 2.25 points;
B1: 2.0 points; B2: 1.7 points; B3: 1.4 points; B4: 1.1 points;
B5: 0.8 points; C: 0.5 points.

↳calculated according to the equation above

Link to consult Qualis CAPES:

<https://sucupira-legacy.capes.gov.br/>

[iodicos.jsf](https://iodicos.jsf.br/)

Follow the step

ANNEX VI

DECLARATION

I, _____, holder of ID no. _____ and CPF no. _____, resident and domiciled at _____ (full address), declare for the due purposes that may be necessary with the competent authorities and bodies that:

I don't have **paid activity, other income**, I declare that I will dedicate myself exclusively to this postgraduate course, and I wish to apply for the scholarship offered by the program in due course.

I have **paid activity, other income**: ____ (insert the code described in the table below) and I intend to accumulate it with a scholarship offered by the program. Include a letter of agreement from the advisor.*

I have **paid activity, other income**, I declare that I will be on unpaid leave**, will be exclusively dedicated to the program, and I wish to apply for a scholarship offered by the program in due course.

I have **paid activity, other income**, I declare that I will have paid leave**, I will have exclusive dedication to the program, and I wish to apply for a scholarship offered by the program in due course.

I do not wish to apply for the scholarship.

I hereby confirm that the information provided is true and I declare that I am aware that any omission of information or presentation of false and/or divergent statements, data or documents in order to harm or alter the truth about the facts alleged by me constitutes a crime of ideological falsehood, as provided for in art. 299 of the Brazilian Penal Code (Decree Law 2848/40) and I hereby authorize the verification and/or confirmation of the data presented. I declare that I am aware that I must inform the Postgraduate Program in Pharmacology and Medicinal Chemistry of any changes to this profile that may occur during the Master's or Doctorate course.

I subscribe to this declaration, recognizing its content as true.

Rio de Janeiro, ____ of _____ of 202__

Student's signature:

Advisor's Knowledge:

Incoming students receiving income external to PPGFQM (CAPES Ordinance No. 133 of July 10, 2023):

Code	Employment Relationship Table
01	Active in teaching and other basic education professions who work in the municipal, state or federal public education network
02	Substitute teachers in federal, state and municipal HEIs
03	Self-employed professionals with or without CNPJ
04	Those working in public services in general or private services and who have a weekly workload of less than or equal to 30 hours that do not conflict with postgraduate activities.
05	Those working in public or private services that are related to their work theme within the scope of postgraduate studies, with a request for partial release of workload to work as a scholarship holder
06	Working in public or private services that are related to their work theme within the scope of postgraduate studies
07	Other professionals
08	Beneficiary of the Single Registry

Caption: IES: Higher Education Institution.

* The advisor's letter of agreement must contain a statement stating that he/she agrees with the level of dedication that the student undertakes to give to the full development of the project within the established deadlines. If CAPES authorizes it, if the The notice authorizes, would the advisor have to agree or disagree with the Law? In this case, it would be to make sure that the advisor knows that the student accumulates scholarship and does not have a DE.

* * Verify the type of absence.