|  |
| --- |
| Personal data |
| PESEL: (or passport number) | Email adress:  |
| Name:  | Surname:  |
| Personal adress:  |  |
| Tax Office / National Health Fund |
| Name of the Tax Office |  |
| Adress of the Tax Office |  |
| Affiliation to a NHF branch - specify the branch |  |
| Statements (write YES or NO in each line) |
| At the same time, I declare that: |
|  I have a doctoral degree |  |
| I received a doctoral scholarship at another doctoral school, if so, please specify for how many months |  |
|  I am entitled to an old-age or disability pension |  |
|  I have a valid disability certificate / if so, please attach a photocopy of the certificate and submit the original for inspection  |  |
| I have the right to health insurance as |  |
| - family member |  |
| - under an employment contract |  |
| - under a civil law contract |  |
| - other |  |
| Bank data |
| Please transfer the scholarship to my bank account |
| Bank name / Account number bank (in PLN): |

* • I certify that all the data provided are true

• I undertake to notify of any change in the scope of the data within 7 days.

Katowice, dn. ……………………..… ……………………………..

 PhD student's signature