|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 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 am employed as a researcher or academic teacher | | | |  |
| 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