

Application for a doctoral scholarship

Personal data	
PESEL: (or passport number)	Email address:
Name:	Surname:
Personal address:	
Tax Office / National Health Fund	
Name of the Tax Office	
Address 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.

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PhD student's signature