Toruń, ……

STATEMENT FOR THE PURPOSE OF INSURING
A DOCTORAL STUDENT AT A DOCTORAL SCHOOL

PERSONAL DETAILS:

…… ……
(last name) (first/middle name) (date of birth)

…… …… ……
PESEL/Passport (for foreign nationals) Nationality (contact phone number)

…… …… ……
(name of doctoral school) (start of studies dd, mm, yy) (planned end of studies mm, yy)

RESIDENCE ADDRESS:

…… …… ……
(postcode) (town/city) (street, house/apartment no.)

…… …… ……..
(commune) (poviat) (voivodeship)

CORRESPONDENCE ADDRESS (IF DIFFERENT FROM RESIDENTIAL ADDRESS):

…… …… ……
(postcode) (town/city) (street, house/apartment no.)

…… …… ……..
(commune) (poviat) (voivodeship)

1. STATEMENT FOR SOCIAL INSURANCE PURPOSES

1.1 Pension entitlement:

☐ no

☐ yes [ ] due to work inability [ ] work accident [ ] family allowance

…… ……
(benefit no.) (up to when awarded)

1.2 I have a disability certificate:

☐ no

☐ yes ……
(awarded up to)

- Please specify the degree of your disability:
  [ ] Mild [ ] Moderate [ ] Severe

2. STATEMENT FOR THE PURPOSES OF SICKNESS INSURANCE

I REQUEST/ I DO NOT REQUEST (delete as appropriate) to be covered by voluntary sickness insurance.

Please transfer my entire doctoral scholarship to my bank account:

.....

(bank name)

to account no.:

I declare that:

1. I have read Order No. 139 of the Rector of the Nicolaus Copernicus University of 1 September 2016 (NCU Legal Bulletin 2016, item 316);
2. the above data is true and that I am aware of the criminal liability under Article 233 § 1 of the Criminal Code (Journal of Laws of 2020, item 1444, as amended) for making false statements;
3. in the event of a change to the data contained in the application form, I shall notify the University of this fact within 3 days of the date on which the change occurs or of obtaining a document confirming the change under pain of liability on this account.

.....

(legible signature of the doctoral student submitting the statement)

*mark as appropriate