STATEMENTS RELATED TO PAYMENT OF DOCTORAL SCHOLARSHIPS KAZIMIERZ WIELKI UNIVERSITY

Shall be completed in block letters	
The personal data of doctoral candidate	
LAST NAME:	
FIRST NAME:	
DOCUMENT TYPE:	
DOCUMENT SERIES AND NUMBER:	
ADDRESS FOR CORRESPONDENCE:	
The data of the bank account	
NAME OF BANK	
THE BANK ACCOUNT NUMBER (IN PLN) - to which funds would be transferred by	
THE BANK ACCOUNT NUMBER (IN PLN)	- to which funds would be transferred by
I hereby grant my consent to receive a doctoral scholarship to the bank account number given above.	
Thereby grant my constant to a decreasing containing to the canal account name of grant account	
(date, signature)	
I hereby declare that:	
 I am not accepted in the another doctoral school, 	
 I am not employed as an academic teacher, I have/don't have* a disability certificate or a certificate on the degree of disability or a certificate 	
referred to in art. 5 of the Act of 27 August 1997 on professional and social rehabilitation and	
employment of disabled persons (i.e. Journal of Laws of 2019, Item 1172)	
(date, signature)	
I am / I am not* asking for a sickness insurance benefit (voluntary insurance).	
I accept that sickness insurance contribution reduced the net amount of a doctoral scholarship. I understand that sickness insurance (in Poland its fundamental task is the financial protection of those	
covered in the event of illness or motherhood) is not the same as health insurance (the right to free health	
care through being insured within the National Health Fund).	

(date, signature)

^{*} delete as appropriate