**DOCTORAL STUDENT'S STATEMENT**

# POZNAN UNIVERSITY OF TECHNOLOGY DOCTORAL SCHOOL

..................................................................................................................... phone number ..........................................

*/name and surname/*

Address : .................................................................................................................................................

*/place/ /postcode/ /street, number/*

ID number (PESEL)  Branch of the National Health Fund..................(\*1)

PASSPORT *(series and number).....................................................(filled out by persons who are not citizens of the Republic of Poland)*

**I declare, that:**

1. I am not 

I am 

employed under an employment contract

..........................................................................................................................................................................

*/name of the workplace/*

I am not 

I am 

on unpaid leave

…………………………………………………………………….

*/if so indicate the period of unpaid leave/*

2. I am not covered by health insurance 

I am covered by health insurance  due to:  non-agricultural activities

business

 contracts of mandate

 applications as a family member

insured

 other (enter what title it is)…………….

3. I am not 

I am 

pensioner/benefit holder\*

4. I don’t have 

I have 

a disability certificate ……………………………………………………………………………..

*/if so, indicate the degree of disability and the duration of the decision/*

5. I submit an application 

I do not submit an application 

for voluntary sickness insurance for me

**I undertake to notify the Human Resources Department of the Poznan University of Technology via the Doctoral School of any changes to the information contained in this statement in writing within 5 days of the changes taking place.**

......................................................................

*/date and signature of PhD Student/*

\* delete as appropriate

# (\*1) Codes of voivodship branches of the National Health Fund

|  |  |
| --- | --- |
| **01R** | Lower Silesian Voivodeship Branch of the National Health Fund in Wrocław |
| **02R** | Kuyavian-Pomeranian Voivodeship Branch of the National Health Fund in Bydgoszcz |
| **03R** | Lublin Voivodeship Branch of the National Health Fund in Lublin |
| **04R** | Lubuski Voivodeship Branch of the National Health Fund in Zielona Góra |
| **05R** | Łódz Voivodeship Branch of the National Health Fund in Łódź |
| **06R** | Lesser Poland Voivodeship Branch of the National Health Fund in Kraków |
| **07R** | Mazovian Voivodeship Branch of the National Health Fund in Warszawa |
| **08R** | Opole Voivodeship Branch of the National Health Fund in Opole |
| **09R** | Podkarpacki Voivodeship Branch of the National Health Fund in Rzeszów |
| **10R** | Podlasie Voivodeship Branch of the National Health Fund in Białymstok |
| **11R** | Pomeranian Voivodeship Branch of the National Health Fund in Gdańsk |
| **12R** | Silesian Voivodeship Branch of the National Health Fund in Katowice |
| **13R** | Świętokrzyski Voivodeship Branch of the National Health Fund in Kielce |
| **14R** | Warmian-Masurian Voivodeship Branch of the National Health Fund in Olsztyn |
| **15R** | Greater Poland Voivodeship Branch of the National Health Fund in Poznań |
| **16R** | West Pomeranian Voivodeship Branch of the National Health Fund in Szczecin |