Name and surname ……………………………………….. Kraków ……………………………

PESEL/Passport no. ………………………………………..

Discipline ………………………………………..

Faculty ………………………………………..

 **DECLARATION**

**of a doctoral student of the AGH Doctoral School**

submitted in order to satisfy the obligation of social and health insurance arising from the granted doctoral scholarship, as specified in Article 209 of the The Higher Education and Science Law Act of 20 of July 2018.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Insurance change date from** (the stated day cannot be earlier than the day of submitting the declaration)………………………………………………………………………………………………………..………………………………………

**I declare that:**

1. I am a pensioner / a disability pensioner\* □ YES NO □

If YES, state the dates: from ………………………………….. to ………………………………..

1. I am a holder of a certificate of disability □ YES NO □

If YES, state the dates of the certificate’s validity: from ………………………….. to ……………………..…….

If YES, state the disability degree …………………………………………………………………..

If YES, attach a *Certificate*

1. I am subject to social security and health insurance or health insurance as:
	1. I am employed under an employment contract □ YES NO □
		* I am currently on unpaid leave □ YES NO □

(If YES, state the dates: from ……………………………… to ………………………………)

* 1. I am employed under a contract of mandate □ YES NO □
	2. I run a non-agricultural business □ YES NO □
	3. I am insured (until the age of 26) as a family member of an insured person (parent or spouse) □ YES NO □
	4. I am insured on another basis □ YES NO □

(If YES, state the basis: ………………………………………………………………………………….………………….)

1. I would like to be covered by the voluntary sickness insurance on my expense □ YES NO □

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**I am aware that I am obliged to notify the payer (The AGH University of Science and Technology) in writing about any changes in this declaration within 5 days of their occurence. I understand that I will be the person liable to cover all the costs and lossess arising from changes in the above declaration that I fail to report.**

 ………………………………………………………………………..

 *date and signature of the doctoral student*

*\* delete as appropriate*