

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) (powiat) (voivodeship)

**CORRESPONDENCE ADDRESS (IF DIFFERENT FROM RESIDENTIAL ADDRESS):**

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

.....  
(commune) (powiat) (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)

