Personnel Questionnaire for Recipients of DFG Research Fellowships

I. To be completed by the scholarship holder:

Inviting research group / institute / SFB	
Fellowship holder's first and last name	
Date of birth	
Place of birth	
Nationality	
Address (postal code/ city, street)	
Phone	
Fellowship holder's own children	☐ no ☐ yes (please fill in the attachment *child allowance*)
Bank account details	IBAN:
	BIC:
	Credit institution:
Tax identification number	

For foreign nationals:

Residence permit issued?	yes/ no (Please attach a copy of your passport with a note)
Address abroad	
Residing in Germany since / starting on	
Duration of the visit	from: until:

Bayreuth, [date] ....
(Scholarship holder's signature)

II. To be completed by the hosting research group / institute / SFB:

The research fellowship serves: to cover travel expenses / material expenses / accommodations / miscellaneous:

The scholarship in the amount of ..... € per month / total amount to be paid from:

Kapitel	
Titel	
Kostenstelle	
Ausgabeart	

The scholarship is to be paid from ..... to .....

Bayreuth, [date] ....
(Signature of the head of the research project)

The University of Bayreuth is not liable for inaccuracies or mistakes in this English translation. In case of doubt, the German originals are to be used in a court of law.

SUBMIT GERMAN VERSION