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***Appendix 6 to the Regulations for Participation in the Task***

***"Crossing Borders and Horizons" for the best doctoral candidates from Poland and abroad,***
***pursuing training at the doctoral school, as part of the project***

***titled "IMPROVE - International Mission for Promoting Research and Optimal Values in Education"***

***implemented by Lodz University of Technology under the STER programme Internationalization of doctoral schools – 2024 Call***

 ***financed by the National Agency for Academic Exchange***

**Data Form for the Agreement with the Participant of the Project**

Please fill in with capital letters

|  |
| --- |
| **PARTICIPANT DATA** |
| Name |  |
| Surname |  |
| PESEL NUMBER |  |
| DATE OF BIRTH |  |
| ADDRESS OF RESIDENCEin Poland | Country |  |
| Postal Code |  |
| City |  |
| Street, house number, apartment |  |
| Contact telephone number |  |
| Email address E-mail address in the domain *@dokt.p.lodz.pl* |  |
| **BANK ACCOUNT DETAILS** (Please provide the same account to which the doctoral scholarship is transferred) |
| BANK NAME |  |
| BANK SWIFT NUMBER |  |
| IBAN/BIC |  |
| ACCOUNT NUMBER |  |
| CURRENCY\* |  |
| Account holder  |  |

\* Funds will be transferred in PLN

|  |  |
| --- | --- |
| place and date | signature |
| …………………………………………………… | ………………………………………………….. |