

**STUDENT/SCIENTIFIC ASSISTANTS**

Status: November 01, 2022

**Data to determine social insurance obligation, for immediate control, and for information of your health insurance company:**

Mrs.  Mr.

Name, first name, birth name: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Place and Country of birth: \_\_\_\_\_

Marital status: \_\_\_\_\_ Religion: \_\_\_\_\_

Children: no  yes  (please enclose certificate)

Phone (private): \_\_\_\_\_ E-mail: \_\_\_\_\_

Street: \_\_\_\_\_

Postal code, residence: \_\_\_\_\_

Nationality: \_\_\_\_\_

Bank details: \_\_\_\_\_

Social insurance number: \_\_\_\_\_

Tax identification number: \_\_\_\_\_

Health insurance company:

Self-insured  family-insured

Start of work at KIT-Field of Research (exact date!): \_\_\_\_\_

Presumable end of work at KIT-Field of Research: \_\_\_\_\_

Institute, phone no.: \_\_\_\_\_

I am currently enrolled: YES  (attachment: valid enrollment certification) NO   
in a consecutive study program YES  NO

I herewith confirm that for the duration of my employment at the KIT I am not in a holiday semester and have not applied for any holiday semester.

**Activities performed during the current calendar year as well as scholarships or activities performed parallel to the employment as student/scientific assistant at KIT (enclosures needed: copies of employment contracts, scholarship agreements and current salary slips)**

KIT/Company/scholarships: \_\_\_\_\_

Period (from/to): \_\_\_\_\_

Number of hours worked per week: \_\_\_\_\_  
(If several activities were performed, please indicate on the back)

Salary, about: \_\_\_\_\_ €/month Number of working hours per week: \_\_\_\_\_  
Short-term YES  NO  Part-time YES  NO

**I am aware of the fact that I am obliged to immediately notify any modifications of the data given above (e.g. start of another employment, end of studies, etc.) and that I will have to return any payments made due to a failed, incorrect, or delayed notification.**

\_\_\_\_\_ Date

..... Signature