

## Attachment to the Application for Temporary Stays in Germany.

## Scholarship Holder of Minerva Stiftung Gesellschaft für die Forschung mbH:

(Name)	(First name)	
(Nationality)	(Date of birth)	
Insurance coverage	is only granted as per tariff	BD.2.
* *		y of 6 weeks after coming to Germany. An unlimited ate of health can only then be granted!
· · · · · · · · · · · · · · · · · · ·	nsurance coverage may uded from the insurance c	also be offered, however, possible pre-existing overage!
The entry to German The following proof	ny was on: is attached (please tick):	
☐ Train ticket☐ Flight ticket	with stamp of entry	
☐ Confirmation of I	Minerva	
The payment of the	premium is effected by the	scholarship holder via SEPA direct debiting!
_	osition to participate in the chandate (IN 4), completely f	lirect debiting system we ask you to send us back the filled in and signed by you.
Place, date – signature of s	cholarship holder	