

3. Income during the fellowship period:

(Please enclose documentary evidence (see footnotes); after this you are only required to report any changes and monetary subsidies (amount/period)).

- Host top-up payment to reach the applicable minimum income/up to postdoc level²⁾
- Host payment to cover ongoing health insurance³⁾
- Lump-sum host subsidies to the cost of living and non-cash benefits⁴⁾
- Parental allowance⁵⁾ in the amount of: _____ period: from _____ to _____
- Entitlement to child allowance⁶⁾ in the period: _____ from _____ to _____
- Income from paid employment⁷⁾: _____
in the amount of: _____ currency: _____ from/to: _____

2) Host confirmation regarding top-up payment amounting to no more than the applicable minimum income up to postdoc level.

3) Please submit the first gross salary statement.

4-7) Please submit documentary evidence accordingly.

6) The entitlement to child allowance must be stated – regardless of whether it is paid to you or the other parent.

4. Income of spouse/life partner during the fellowship period:

Not in receipt of a fellowship

* In receipt of a fellowship from: _____ period (from/to): _____
In the case of a DFG fellowship, please state DFG reference number: _____

* Receipt of a foreign allowance

*If the spouse/life partner is in receipt of a foreign allowance themselves, the fellowship holder is categorised as single and therefore receives a foreign allowance of their own. An increased family-related foreign allowance is granted to a fellowship holder whose spouse/life partner is not entitled to a foreign allowance.

5. - Applicable to Heisenberg Fellowships only -

Subsidy for health insurance contributions analogue to Section 257 Social Code V (Sozialgesetzbuch – SGB V);

please enclose a copy of the insurance contract/membership certificate.

You are asked to submit updated documentary evidence for each subsequent calendar year.

6. Bank details in Germany (also in the case of stays abroad):

(Please note that the fellowship payment is only transferred to the award recipient's (current) account in Germany.)

Account holder: _____

Bank:

Declaration of commitment

I confirm with my signature that the information I have provided is correct and that I undertake to inform the DFG of any changes to the information provided in this questionnaire.

Acceptance of the award conditions

I hereby accept the conditions stated in the award letter including the Funding Guidelines referred to therein.

Data Protection

Please note DFG form 2.00 and the DFG's data protection notice on research funding, which is available for viewing and download at www.dfg.de/privacy_policy. Please forward this data protection notice to those individuals whose data will be processed by the DFG as a result of being named in this form as part of the information required for processing your application.

Date: _____

Signed: _____