

Declaration of Insurance

Personal Data

Last name		First name	
Date of Birth		Sex (m/f/d)	Please choose an option

Address

Street		c/o, Apt. No.	
Postal code		City	
Country		Phone	
E-mail			

I declare that I have been informed about the necessity of taking out insurance coverage and being responsible for essential insurance coverage during my stay at TUM in Germany. The insurance coverage includes but is not limited to health insurance*, liability, accident and repatriation insurance.

An additional laboratory insurance will be required in the event of working in a laboratory at TUM. For that, please consult your TUM supervisor.

(*Detailed information regarding the mandatory health insurance coverage follows after admission).

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Place and Date

**Signature of Applicant of the TUM PPS program
(Practical Project Student Program)**

Please upload the signed form to your PPS online application form.

Sandra Lessing

Technical University of Munich

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