



Please complete this questionnaire and return it to the DFG as soon as it has been established when you intend to begin the fellowship, including the relevant supporting documents (including those requested in the award letter).

My family will be accompanying me abroad:

Spouse/life partner: from \_\_\_\_\_ to \_\_\_\_\_

Child/children: from \_\_\_\_\_ to \_\_\_\_\_

**3. Income during the fellowship period:**

(Please enclose documentation (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<sup>2)</sup>
- Host payment to cover ongoing health insurance<sup>3)</sup>
- Other host subsidies (e.g. salary, non-monetary remuneration, non-cash benefits)<sup>4)</sup>
- Parental allowance<sup>5)</sup> in the amount of: \_\_\_\_\_ Period: from \_\_\_\_\_ to \_\_\_\_\_
- Other income/supplementary revenue<sup>6)</sup>: \_\_\_\_\_  
in the amount of: \_\_\_\_\_ Currency: \_\_\_\_\_ from/to: \_\_\_\_\_

<sup>2)</sup> Host confirmation regarding top-up payment amounting to no more than the applicable minimum income.

<sup>3)</sup> Please submit the first gross salary statement.

<sup>4-6)</sup> Please submit documentary evidence accordingly.

**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 spouses/life partners are 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 analogous 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 documentation 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 checking account in Germany.)

Account holder: \_\_\_\_\_

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

IBAN: DE

**Declaration of commitment**

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

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**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 the DFG's data protection notice on research funding, which is available for viewing and download at [www.dfg.de/privacy\\_policy](http://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: \_\_\_\_\_