

## **AFFIDAVIT**

by the third-country researcher  
pursuant to Section 30c (2) (c) of act No. 341/2005 Coll., as amended

First name, last name, academic titles:

Date and place of birth:

Citizenship:

Address of permanent residence:

Passport No.:

I hereby declare that I will take out travel health insurance for the period of my stay in the Czech Republic from the date of entry into Czech territory until the moment from which I shall become subject to mandatory insurance on grounds of my employment.

Date:

Researcher's signature: