



## STUDENTS HOME INSTITUTION DECLARATION

### To be completed by the Student

Family name .....

First names .....

Date of Birth (*Day/ Month/ Year*): .....

Home institution (name)<sup>1</sup>: .....

.....

Address: .....

.....

CERN Student Programme: ☐ Administrative Student ☐ Technical Student ☐ Doctoral Student

Expected period of association with CERN: from ..... to .....

I certify that I am enrolled as a student in my home institution.

I understand that

- I will be an associated member of the personnel of CERN, subject to its Staff Rules and Regulations. As such, I will not be employed by CERN;
- Membership in CERN's Health Insurance Scheme is mandatory for me;
- CERN will grant me a standard subsistence allowance towards the additional costs arising from the stay in the local area.

I will inform CERN of any changes in the foregoing, and understand that the consequences may include termination of my contract of association.

Date: ..... Signature: .....

### To be completed by an authorized representative of the Student's Home Institution

Home Institution (full name): .....

I certify that the student is enrolled in the home institution.

I consent to the participation of the student in the CERN Student Programme under above mentioned conditions.

Date: ..... Signature: .....

Name (in block capitals): .....

Stamp: ..... Position at home institution: .....

<sup>1</sup> Your home institution is the educational establishment in which you are enrolled