



Post-Doctoral Researcher Registration Form

Post-Doctoral Researcher Details

Name in English: Family name: _____ First name: _____

Name in Hebrew: Family name: _____ First name: _____

Israeli ID / Foreign Passport Number: _____

Address in Israel

Street name & number: _____

City: _____ Postal code (7 digits): _____

Phone: _____ Citizenship: _____ Year of Birth: _____ Gender: M / F

E-mail address: _____

Post-Doc Supervisor's Name: _____

Previous studies at the Hebrew University: Yes / No

Previous registration as a post-doctoral researcher at the Hebrew University*: Yes / No

*If yes, last year of registration: _____

Student number at the Hebrew University (if relevant): _____

Details on PhD degree

Year of award: _____ Field of study: _____

Country: _____ Institution Name: _____

Enclosed Health Insurance confirmation or Health Insurance Waiver: Yes / No

Signature School of Education Bursar

Signature Post-Doctoral Researcher

For Office Use

First Year of Registration as Post-Doctoral Researcher: _____

Registered for 1st / 2nd / 3rd / 4th / __ year as Post-Doctoral Researcher

Academic Year: _____

Date of Registration in System: _____

Health Insurance required? Yes/No

Student Service Package OSL? Yes/No