



To the  
Department of Human Resources and Human  
Resources Development  
Medical University Vienna  
Spitalgasse 23/ Building 88  
1090 Vienna

## Personal sheet

Winter term

Summer term

Lectureship

External lecturers

OU:

OU:

Tutor

Demonstrator

OU:

OU:

Personal data			
Last name:	<input type="text"/>	First name:	<input type="text"/>
Former Surname(s):	<input type="text"/>		
Nationality <sup>1</sup> :	<input type="text"/>		
Social insurance number:	<input type="text"/>	Date of birth (DD.MM.YYYY):	<input type="text"/>
Insurance provider:	<input type="text"/>		
Gender:	male <input type="checkbox"/>	female <input type="checkbox"/>	diverse <input type="checkbox"/>
Family status:	single <input type="checkbox"/>	married <input type="checkbox"/>	divorced <input type="checkbox"/> widowed <input type="checkbox"/>

Private address			
Address:	<input type="text"/>		
Zip code:	<input type="text"/>	City, country:	<input type="text"/>
Phone number:	<input type="text"/>	E-Mail:	<input type="text"/>

Bank details	
IBAN:	<input type="text"/>

Academic degrees (please attach copy(s) of award certificate(s))			
Degree:	<input type="text"/>	Date of award (DD.MM.YYYY):	<input type="text"/>
Degree:	<input type="text"/>	Date of award (DD.MM.YYYY):	<input type="text"/>
Degree:	<input type="text"/>	Date of award (DD.MM.YYYY):	<input type="text"/>
Degree:	<input type="text"/>	Date of award (DD.MM.YYYY):	<input type="text"/>



<b>Teaching Authorization (Habilitation)</b> (please attach copy(s) of award certificate(s))			
Type of teaching authorization:	<input type="checkbox"/>	Lecturer	since (DD.MM.YYYY):
	<input type="checkbox"/>	Guest Professor	since (DD.MM.YYYY):
	<input type="checkbox"/>	Honorary professor	since (DD.MM.YYYY):
University:			
Nomination subject:			

<b>Employment relationship with the federal government</b>	
If there is an employment relationship with the federal government:	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, name of the department:	

I'm currently practicing medicine  at the hospital  in a private practice  other.

I confirm that I have answered the above questions truthfully with my own signature. I am aware that any untruthful statements may be prosecuted under official and criminal law.

Furthermore, I commit myself to notify any changes immediately in writing.

We would like to inform you that in the case of transfers outside the EU, the costs incurred for the transfer are to be paid by the employee.

Place, date

Signature

**Enclosures:**  
Sponsorship/promotion certificates  
Account statement

**Nationality<sup>1</sup>**  
Third-country nationals must have a valid residence title. Without a valid residence title, no commissioning can be carried out.