# **Postdoctoral Questionnaire**

# **For the Academic Year**

Please fill in your details and email the form to Einat Dahan: einatd@tauex.tau.ac.il, Coordinator for PhD and Postdoctoral fellows, for registration and initiation of

 A TAU ID.

|  |  |
| --- | --- |
| First Name: |  |
| Surname: |  |
| Male / Female: |  |
| Passport number: |  |
| I.D. Number (for Israeli citizens) |  |
| Name of Faculty: |  |
| Name of school: |  |
| Date of Birth: |  |
| Nationality: |  |
| The last country in which you where academically engaged (studies/research/postdoc) |  |
| Email: |  |

## **Address:**

|  |  |
| --- | --- |
| City: |  |
| Street: |  |
| Zip code: |  |
| City: |  |

## **Telephone numbers:**

|  |  |
| --- | --- |
| Mobile phone number: |  |

## **Personal Statement:**

I hereby declare that I have filled all the required details in this form, and that all the above details are correct and accurate.

|  |  |
| --- | --- |
| Name: |  |
| Signature: |  |
| Date: |  |