Annex 2

Declaration

of acquaintance with the Conditions for the provision of health care

I ....., country: ....., date of birth:

.....

hereby confirm, as an applicant seeking a scholarship from the government of the Czech Republic, that I have carefully studied the Conditions for the provision of health care over the duration of the scholarship.

I declare that if a scholarship is granted to me under a Scholarship Award of the Ministry of Education, Youth and Sports of the Czech Republic and I accept the scholarship, I **accept these conditions**.

I am fully aware of the fact that, in cases specified by the Conditions for the provision of health care laid down for Czech Republic government scholarship grantees in the event of a breach of the set conditions, the Ministry of Education, Youth and Sports will withdraw my scholarship.

On termination of the disbursement of the scholarship, I will lose the status of a government

scholarship grantee and I am obliged to leave the Czech Republic.

Done at ....., on .....

.....

signature of the scholarship applicant

received on behalf of the Czech mission