

APPLICATION FORM
FOR DOCTORAL CANDIDATES ENROLLED IN POSTGRADUATE UNIVERSITY DOCTORAL STUDY
Academic year 2022/2023

The obligation to submit the report is based on Article 45 of the Official Statistics Act (NN, No 25/20). Refusing to provide data, providing incomplete and inaccurate data, or failing to provide data within the prescribed deadline will be subject to the penalty provisions laid down in Article 76 of the aforementioned Act.
The data provided in this report will be used exclusively for statistical purposes and will not be published individually.

Type of activity

2	3	E	1
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⁽⁴⁾ Period

0	1
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⁽⁶⁾ Year 2 0

2	2
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⁽⁸⁾

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⁽¹⁴⁾
(filled in by the CBS)

University of _____

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⁽¹⁶⁾

Name of the institution of higher education _____ (filled in by the CBS)

Address _____

Phone _____

Year of doctoral study (circle the code)
1st year 1
2nd year 2
3rd year 3 ⁽¹⁷⁾

Name of the study programme of the doctoral study _____
(enter the name on the line)

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⁽²¹⁾
(filled in by the CBS)

Educational group of the doctoral study
(enter the name on the line)

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⁽²⁵⁾
(filled in by the CBS)

Scientific field of the doctoral study
(enter the name on the line)

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⁽²⁸⁾
(filled in by the CBS)

1 SURNAME AND NAME _____
PIN (please enter accurate and legible numbers)

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⁽³⁹⁾

2 SEX (circle the code) male 1
female 2 ⁽⁴⁰⁾

3 YEAR OF BIRTH (enter into boxes) _____

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⁽⁴⁴⁾

4 PERMANENT RESIDENCE
Settlement _____

--	--	--	--	--	--	--	--

⁽⁵⁰⁾

Town/municipality _____

County _____

Country _____

--	--	--	--

⁽⁵³⁾

5 CITIZENSHIP _____

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⁽⁵⁶⁾

6 NATIONALITY _____

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⁽⁵⁸⁾

7 PRIOR EDUCATION
COUNTRY WHERE YOU ATTENDED SECONDARY SCHOOL _____

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⁽⁶¹⁾

UNIVERSITY STUDY (pre-Bologna or Bologna undergraduate/graduate/integrated)
Name of the institution of higher education where you completed university study _____

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⁽⁶⁴⁾

In which year (enter into boxes) _____

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⁽⁶⁸⁾

In which country _____

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⁽⁷¹⁾

UNIVERSITY POSTGRADUATE MASTER STUDY (pre-Bologna MSc/MA)

If the Master of Science/Arts degree has not been previously acquired, go to question 8.

Name of the institution of higher education where you completed university postgraduate study

_____|_____|_____|_____|_____|_____|(74)

In which year (enter into boxes)

_____|_____|_____|_____|_____|_____|(78)

In which country

_____|_____|_____|_____|_____|_____|(81)

8 YEAR IN WHICH YOU FIRST ENROLLED IN DOCTORAL STUDY

(enter into boxes)

_____|_____|_____|_____|_____|_____|(85)

9 ACTIVITY OF THE ORGANISATION IN WHICH YOU ARE EMPLOYED¹⁾

(circle one code)

Agriculture, forestry and fishing	01	} (87)
Mining and quarrying	02	
Manufacturing	03	
Electricity, gas, steam and air conditioning supply	04	
Water supply; sewerage, waste management and remediation activities	05	
Construction	06	
Wholesale and retail trade; repair of motor vehicles and motorcycles	07	
Transportation and storage	08	
Accommodation and food service activities	09	
Information and communication	10	
Financial and insurance activities	11	
Real estate activities	12	
Professional, scientific and technical activities	13	
Administrative and support service activities	14	
Public administration and defence; compulsory social security	15	
Education	16	
Human health and social work activities	17	
Arts, entertainment and recreation	18	
Other service activities	19	
Activities of households as employers; undifferentiated goods-and services-producing activities of households for own use	20	
Activities of extra-territorial organisations and bodies (e.g. UN, EU, OECD, IMF, EFTA, WB, etc.)	21	
Unemployed	99	

1) Decision on the National Classification of Activities – NKD 2007. (NN, No 58/07)

10 NAME OF THE ORGANISATION IN WHICH YOU ARE EMPLOYED

(enter the name on the line)

11 YOUR OCCUPATION

(enter the name on the line)

12 WHO PAID FOR THE DOCTORAL STUDY (circle one code according to prevalence)

Employer (organisation/company)	1	} (88)
Funds from the state budget (HRZZ - Croatian Science Foundation).....	2	
Candidate personally/parent/provider	3	
Someone else	4	

(enter who/what)

Form filled in by

Form checked by

(person responsible)