REPUBLIC OF CROATIA CROATIAN BUREAU OF STATISTICS

10000 Zagreb, Ilica 3 Website: http://www.dzs.hr

ŠV-40 form

The survey is conducted on the basis of the Official Statistics Act (NN, No. 5/20).

TURN THE PAGE!

APPLICATION FORM

FOR DOCTORAL CANDIDATES ENROLLED IN POSTGRADUATE UNIVERSITY DOCTORAL STUDY Academic year 2021/2022

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The data provided in this report will be used exclusively for statistical purposes and will not be published individually.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 2 3 E 1 (4) Period	0 1 (6) Year	2 0 2 1 (8)		
yeard and the second	***********	12222	(fill	ed in by the CBS) (14)
University of				(16)
Name of the institution of higher educat	ion			(filled in by the CBS)
Address				
Year of doctoral study (circle the code)				
	2nd year		***************************************	2 (17)
Name of the study programme of the do (enter the name on the line)	ctoral study			
				(21) (filled in by the CBS)
Educational group of the doctoral study (enter the name on the line)				(6) In the CDS)
Scientific field of the doctoral study (enter the name on the line)				(filled in by the CBS)
1 SURNAME AND NAME				(filled in by the CBS)
PIN (please enter accurate and legible num				(39)
2 SEX (circle the code)	male			
3 YEAR OF BIRTH (enter into boxes)				1 9 (44)
4 PERMANENT RESIDENCE Settlement			1	
Town/municipality				(30)
County				
Country				(53)
5 CITIZENSHIP				(56)
6 NATIONALITY				[[(58)
7 PRIOR EDUCATION				
COUNTRY WHERE YOU ATTENDED	SECONDARY SCHOO	OL .		(61)
UNIVERSITY STUDY (pre-Bologna or	Bologna undergrade	uate/graduate/integra	ited)	,
Name of the institution of higher educat	-	-	·	(64)
In which year (enter into boxes)				[(68)
In which country				(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			1	Î	(74
	In which year (enter into boxes)	L	_			_](78
	In which country		ľ	ij	1	(81
8	YEAR IN WHICH YOU FIRST ENROLLED IN DOCTORAL STUDY (enter into boxes)	1		1	-	(85
9	ACTIVITY OF THE ORGANISATION IN WHICH YOU ARE EMPLOYED ¹⁾ (circle one code)			1		
	Agriculture, forestry and fishing				. 01	
	Mining and quarrying			02		
	Manufacturing				. 03	
	Electricity, gas, steam and air conditioning supply				10.00.00	1
	Water supply; sewerage, waste management and remediation activities				<u>05</u>	
	Construction				. 00	
	Wholesale and retail trade; repair of motor vehicles and motorcycles				07	
					. 07	
	Transportation and storage					
	Accommodation and food service activities				. 09	
	Information and communication					
	Financial and insurance activities				. 11	(87
	Real estate activities					-
	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				<i>-</i> 17	1
	Arts, entertainment and recreation					
	Other service activities				10	
	Activities of households as employers; undifferentiated goods-and services-producing activities of households for own use				. 10	
	Activities of extra-territorial organisations and bodies (e.g. UN, EU, OECD, IMF, EFTA, WB, etc.) Unemployed				. 21	
	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	
	Funds from the state budget (HRZZ - Croatian Science Foundation)					1
	- •					(88
	Candidate personally/parent/provider				3	
	Someone else		_	_4		
	(enter who/what)					
	Form filled in by	orm ch	ecl	ced I	οy	

on__

(person responsible)