

**APPLICATION FORM**  
**FOR DOCTORAL CANDIDATES ENROLLED IN DOCTORAL STUDY**  
Academic year 2024/2025

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 misdemeanor 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The data provided in this report will be used exclusively for statistical purposes and will not be published individually.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 (4)

Period

0 1 (6)

Year

2 0 2 4 (8)

(filled in by the CBS) (14)

University of \_\_\_\_\_ (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)

\_\_\_\_\_ (21)  
(filled in by the CBS)

Educational group of the doctoral study

(enter the name on the line)

\_\_\_\_\_ (25)  
(filled in by the CBS)

Scientific field of the doctoral study

(enter the name on the line)

\_\_\_\_\_ (28)  
(filled in by the CBS)

1 SURNAME AND NAME \_\_\_\_\_

PIN (please enter accurate and legible numbers)

\_\_\_\_\_ (39)

2 SEX (circle the code)

male ..... 1  
female ..... 2 (40)

3 YEAR OF BIRTH (enter into boxes) \_\_\_\_\_ (44)

4 PERMANENT RESIDENCE

Settlement \_\_\_\_\_ (50)

Town/municipality \_\_\_\_\_

County \_\_\_\_\_

Country \_\_\_\_\_ (53)

5 CITIZENSHIP \_\_\_\_\_ (56)

6 NATIONALITY \_\_\_\_\_ (58)

7 PRIOR EDUCATION

COUNTRY WHERE YOU COMPLETED SECONDARY SCHOOL \_\_\_\_\_ (61)

UNIVERSITY STUDY (according to pre-Bologna or Bologna programme)

Name of the institution of higher education where you completed university study \_\_\_\_\_ (64)

In which year (enter into boxes) \_\_\_\_\_ (68)

In which country \_\_\_\_\_ (71)

**TURN THE PAGE!**

**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 EMPLOYED<sup>1)</sup>**

(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)