#### REPUBLIC OF BULGARIA MINISTRY OF EDUCATUON AND SCIENCE 2A Kniaz Doundukov Bivd, 1000 Sofia, Bulgaria Phone: +359 2 9217799, Fax: +359 2 9882485 http://www.mon.bg



Study /Research/scholarship in the Republic of Bulgaria for the Academic Year 202\_/202\_

# **APPLICATION FORM**

#### PERSONAL DATA

Family or last name	First name	Middle name	
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Nationality	Date and Place of birth	Gender	Passport photo
Street, No.	City, postal code	Country	
E-mail	Phone	Fax	No.

#### LIST THE PROGRAMME(S) YOU WISH TO APPLY FOR / TITLE OF PROPOSED RESEARCH PROJECT/STUDY PLAN

Name of programme/Research project/Study plan	University/Academic institution		Proposed date of entry	
		Month	Year	

#### **EDUCATION & PROFESSIONAL BACKGROUND**

University,	Subject/Major Fi	elds	Academic degree(s) (with date)
Current position		Discipline / Subjec	<b>ż</b>
University / Organization		Department / Insti	itute / Faculty
City, postal code		Street, No.	
E-mail		Phone	Fax

#### LANGUAGE SKILLS

	Native	Native	Native
Rate your	Excellent	Excellent	Excellent
English language	Good	Good	Good
skills:	Fair	Fair	Fair

	Speaking	Reading	Writing
	Native	Native	Native
Rate your	Excellent	Excellent	Excellent
Bulgarian	Good	Good	Good
language skills:	Fair	Fair	Fair
	Speaking	Reading	Writing

### STUDY/ RESEARCH PLAN

## ATTACHMENTS

A. Attach a detailed motivation and description of your proposed project. Include in the description what materials are available for it, where they are located, and any other information you consider relevant.

B. Attach a brief curriculum vitae with one photograph. Include academic background, employment history. List all institution(s), field(s) of study, degree(s), year(s).

C. Attach an University Diploma (copy of highest degree earned)

D. Attach a Letter of invitation/acceptance from a Bulgarian Institution (If any)

E. Attach a List of Publications

F. Attach a Medical Certificate

#### DECLARATION

By signing my name below, I attest that all information provided in this application and its attachments is accurate to the best of my knowledge. I understand that misrepresentation of these documents may cause my application to be withdrawn and/or any awarded fellowships rescinded.

Signature

Date (month/day/year)