I Z J A V A

S T A T E M E N T

Spodaj podpisani/a _____ (ime in priimek stranke / name and surname), rojen
The undersigned _____ (ime in priimek stranke / name and surname), born on _____ (datum rojstva / date of birth),

stalni naslov
permanent address _____ (stalni naslov / permanent residence address),

s to izjavo Javnemu skladu Republike Slovenije za razvoj kadrov in štipendije dovoljujem, da poizveduje in pridobiva vse podatke o mojem študiju in statusu, vključno s finančnim, pri:

hereby authorise the Slovene Human Resources Development and Scholarship Fund to inquire and obtain all information about my studies and status, including financial information, from:

_____
izobraževalna institucija / educational institution

To dovoljenje velja v postopku dodelitve štipendije za študij na zgoraj navedeni izobraževalni instituciji v okviru 113. ***Javnega razpisa štipendij za doktorski študij tujih državljanov v Republiki Slovneiji v letu 2011*** ter v času veljavnosti pogodbe o štipendiranju mojega študija na tej instituciji, če mi bo štipendija odobrena.

This permission is given for the process of the awarding of the scholarship for study at above stated educational institution under the 113. ***Call for applications of scholarships for doctorate studies of foreign citizens in the Republic of Slovenia in the year 2011*** as well as for the duration of validity of my scholarship contract, should the scholarship be awarded to me.

_____ , _____ _____
kraj / place , datum / date podpis / signature

natisni/print