

ime in priimek kandidata / first and last name of the candidate

ulica in hišna številka stalnega bivališča stranke / street and house no. of permanent residence

pošta in kraj stalnega bivališča stranke / postal no. and place of permanent residence

država stalnega prebivališča / country of permanent residence

## P O O B L A S T I L O P O W E R O F A T T O R N E Y

Podpisani  
I,

, rojen  
, born on

, stanujoč na  
with residence at the

ime in priimek kandidata / first and last name of the candidate

datum rojstva kandidata / date of birth of the candidate

zgoraj navedenem stalnem naslovu, pooblaščam spodaj navedeno osebo (v nadaljevanju: pooblaščenec), da me zastopa pri Javnem skladu Republike Slovenije za razvoj kadrov in štipendije v postopku za pridobitev štipendije po 66. javnem razpisu štipendij za doktorski študij tujih državljanov v Republiki Sloveniji v študijskem letu 2009/2010 do dokončnosti odločbe ter v postopku štipendiranja, če mi bo štipendija odobrena.

/  
above stated permanent address, give full power of attorney to the person stated below (from here onwards: trustee) to represent my interests as a client with the Slovene Human Resources and Scholarship Fund during the administrative procedure of obtaining a scholarship under the 66. public call for applications for scholarships for doctoral studies of foreign citizens in Republic of Slovenia in academic year 2009/2010 untill the decision is final and during the time I will be receiving the scholarship, should one be granted to me.

### Podatki o pooblaščenцу / Information about the trustee:

priimek in ime :  
first and last name:

\_\_\_\_\_

datum rojstva:  
date of birth:

\_\_\_\_\_

naslov (ulica in hišna št.):  
address (street and no.):

\_\_\_\_\_

naslov (poštna št. in kraj):  
address (post no. and place):

\_\_\_\_\_

št. telefona:  
phone number:

\_\_\_\_\_

e-poštni naslov:  
e-mail address:

\_\_\_\_\_

kraj in datum / place and date

lastnoročni podpis kandidata / signature of the candidate

**Sprejemam pooblastilo. / I accept the power of attorney.**

lastnoročni podpis pooblaščenca / signature of the trustee