

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

## POOBLASTILO POWER OF ATTORNEY

Podpisani \_\_\_\_\_, rojen \_\_\_\_\_, stanujoč na \_\_\_\_\_  
I, \_\_\_\_\_, born on \_\_\_\_\_, 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 *Javnem razpisu štipendij za podiplomski študij državljanov Republike Kosovo v Republiki Sloveniji* do dokončnosti odločbe.

/  
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 Development and Scholarship Fund during the administrative procedure of obtaining a scholarship under the *Public Call for Applications for Scholarships for Postgraduate Studies of citizens of the Republic of Kosovo in the Republic of Slovenia* until the decision is final.

### 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