## REPUBLIC OF BULGARIA MINISTRY OF EDUCATUON AND SCIENCE

2A Kniaz Doundukov Blvd, 1000 Sofia, Bulgaria Phone: +359 2 9217799, Fax: +359 2 9882485 http://www.mon.bg

Phone



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	
		Male □ Female □	
Nationality	Date and Place of birth	Gender	Passport photo
Street, No.	City, postal code	Country	

## 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

## University, Subject/Major Fields Current position Discipline / Subject University / Organization Department / Institute / Faculty City, postal code Street, No.

E-mail

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