REPUBLIC OF CROATIA CROATIAN BUREAU OF STATISTICS

10 000 Zagreb, Ilica 3 Website: https://dzs.gov.hr

ŠV-40 form

TURN THE PAGE!

The survey is conducted on the basis of the Official Statistics Act (NN, Nos 25/20 and 155/23).

APPLICATION FORM

FOR DOCTORAL CANDIDATES ENROLLED IN DOCTORAL STUDY Academic year 2025/2026

The obligation to submit the report is based on Article 45 of the Official Statistics Act (NN, Nos 25/20 and 155/23). Refusing to provide data, providing incomplete and inaccurate data, or failing to provide data within the prescribed deadline will be subject to the penalty provisions laid down in Article 76 of the aforementioned Act.

The data provided in this report will be used exclusively for statistical purposes and will not be published individually.

Type of activity		Period	0 1 (6)	Year	2025	(8)	:		
							(fi	lled in by the CBS)	(14)
Universit	ty of								(16)
Name of	the institution of hi	igher educat	tion					(filled in by the	CBS)
Address									
					Phone _				
Year of d	loctoral study (circle	the code)							_
			2nd ye	ear				1 2 3	
	the study programs name on the line)	me of the do	octoral study	'				_	I _(O4)
	onal group of the doname on the line)	octoral study	1					filled in by the CE	(21) (38)
	c field of the doctor	al study						(filled in by the CE	(25) 3S)
1 SURNA	AME AND NAME							(filled in by the CE	(29) 3S)
PIN (p	olease enter accurate a	nd legible num	ibers)						(40)
2 SEX (c	sircle the code)							1 2	(41)
3 YEAR	OF BIRTH (enter into	boxes)							(45)
4 PERMA Settle	ANENT RESIDENCI						L	1 1 1 1 1	(51)
Town/	municipality								
Count	<u> </u>								
Count	-								(54)
5 CITIZE							-		(57)
6 NATIO	NALITY								(59)
_	REDUCATION								•
	NTRY WHERE YOU								(62)
	ERSITY STUDY (ac		_	_				1 1 1	
Name	of the institution of I	higher educa	tion where yo	ou complete	ed university stud	dy	_		(65)
	ich year (enter into bo	•							(69)
In whi	ch country								(72)

31	-40 2								
	UNIVERSITY POSTGRADUATE MASTER STUDY (pre-Bologna MSc/MA) If the Master of Science/Arts degree has not been previously acquired, go to question 8.								
	Name of the institution of higher education where you completed university postgraduate study	Ш		(75)					
	In which year (enter into boxes)			(79)					
	In which country			(82)					
8	YEAR IN WHICH YOU FIRST ENROLLED IN DOCTORAL STUDY (enter into boxes)			(86)					
9	ACTIVITY OF THE ORGANISATION IN WHICH YOU ARE EMPLOYED ¹⁾ (circle one code)								
	Agriculture, forestry and fishing		01	7					
	Mining and quarrying	02							
	Manufacturing		03						
	Electricity, gas, steam and air conditioning supply	04							
	Water supply; sewerage, waste management and remediation activities		05						
	Construction	06							
	Wholesale and retail trade		07						
	Transportation and storage								
	Accommodation and food service activities		09						
	Publishing, broadcasting, and content production and distribution activities	10							
	Telecommunication, computer programming, consulting, computer infrastructure and other information service activities		11	(88)					
	Financial and insurance activities		!!	(00)					
	Real estate activities		13						
	Professional, scientific and technical activities		10						
	Administrative and support service activities		15						
	Public administration and defence; compulsory social security		0						
	Education		17						
	Human health and social work activities								
	Arts, sports and recreation		19						
	Other service activities								
	Activities of households as employers and undifferentiated goods- and services-producing activities of households for own use								
	Activities of extraterritorial organisations and bodies (e.g., UN, EU, OECD, IMF, EFTA, WB, etc.)	22							
	Unemployed		99						
	1) Decision on the National Classification of Activities – NKD 2025 (NN, No. 47/2024)		-	_					
10	NAME OF THE ORGANISATION IN WHICH YOU ARE EMPLOYED (enter the name on the line)								
11	YOUR OCCUPATION (enter the name on the line)								
12	WHO PAID FOR THE DOCTORAL STUDY (circle one code according to prevalence) Employer (organisation/company)		1	٦					
	Employer (organisation/company)								
	Candidate personally/parent/provider		3	(89)					
	Someone else	4							
	(enter who/what)		•	_					
	Form filled in by	checked	by						

_____ 20 ____ .

__ on

(person responsible)