PRIJAVA ZA DODATNU PROVJERU POSEBNIH SPOSOBNOSTI

VELEUČILIŠTE KRIMINALISTIKE I JAVNE SIGURNOSTI

Zagreb, Avenija Gojka Šuška 1

# REDOVNO - GRAĐANSTVO

IME I PREZIME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SPOL Ž M

OIB, DATUM, MJESTO I DRŽAVA ROĐENJA \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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PREBIVALIŠTE I ADRESA STANOVANJA \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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BROJ KONTAKT TELEFONA \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-MAIL ADRESA \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Prijavi prilažem:

1. Popunjen obrazac prijave
2. Potvrdu o uplati troškova dodatne provjere posebnih sposobnosti

U Zagrebu, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Potpis

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