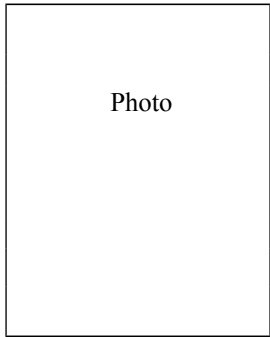





BEVÁNDORLÁSI ÉS
ÁLLAMPOLGÁRSÁGI
HIVATAL



Residence Permit for the Purpose of Scientific Research

Authority receiving the application:			File Number: _ _ _ _ _ _ _ _ _ _ _ _		
<input type="checkbox"/> Residence permit issued for the first time			 Photo		
Place of Entry: _____					
Date of Entry: Year Month Day					
Number and Expiration Date of Residence Visa: _____ Year Month Day					
<input type="checkbox"/> Renewal of residence permit			 [Signature Specimen of Applicant (Legal Representative)].] Please make sure your signature fits in the box.		
Number and Expiration Date of Residence Permit: _____ Year Month Day					
Place of Receipt of Document:					
<input type="checkbox"/> Applicant will receive the document at the issuing authority					
<input type="checkbox"/> Applicant will receive the document by postal mail.					
Phone:			E-mail:		
1. Applicant's Personal Data					
Family Name (as per passport):			Given Name(s) (as per passport):		
Family Name at Birth:			Given Name(s) at Birth:		
Mother's Family and Given Name(s) at Birth:			Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		Marital Status: <input type="checkbox"/> single <input type="checkbox"/> married <input type="checkbox"/> widowed <input type="checkbox"/> divorced
Date of Birth: Year Month Day		Place of Birth (City/ Town):		Country:	

Citizenship:	Nationality (optional):	
Last permanent residence abroad:		
Qualification(s):	Highest Level of Education: <input type="checkbox"/> primary <input type="checkbox"/> secondary <input type="checkbox"/> higher education	Occupation (prior to arriving in Hungary):

2. Applicant's Passport Data		
Passport Number:	Place and Date of Issue: Year Month Day	
Type of Passport:: <input type="checkbox"/> ordinary <input type="checkbox"/> service <input type="checkbox"/> diplomatic <input type="checkbox"/> other	Date of Expiration: Year Month Day	

3. Planned Duration and Purpose of Residence		
How long do you wish the residence permit to be issued for and what is the purpose of requesting residence permit?		
	Year	Month Day

4. Data of Applicant's Residence in Hungary					
ZIP code:	City/Town:		Name of Public Premises :		
Type of Public Premises :	House number:	Building:	Staircase:	Floor:	Door:
Legal Title to Residence: <input type="checkbox"/> owner <input type="checkbox"/> tenant <input type="checkbox"/> family member <input type="checkbox"/> by courtesy of the owner <input type="checkbox"/> other (please specify:					

5. Data related to Cost of Living in Hungary	
Amount of expected income deriving from employment:	Net income in Hungary (previous year):
Available savings:	Any supplementary income/assets:

6. Conditions of Return or Onward Travel				
Which country do you intend to return to or travel onward to after the expiration of your legal residence?			What means of transport do you intend to use?	
Do you have the necessary	passport? <input type="checkbox"/> Yes <input type="checkbox"/> No	visa? <input type="checkbox"/> Yes <input type="checkbox"/> No	ticket: <input type="checkbox"/> Yes <input type="checkbox"/> No	financial means? <input type="checkbox"/> Yes, the amount is : <input type="checkbox"/> No

7. Spouse, Child, Parent residing abroad or in Hungary supported by Applicant			
Name/Relationship:	Place and Date of Birth :	Citizenship:	Legal Title to Residence : <input type="checkbox"/> visa <input type="checkbox"/> residence permit <input type="checkbox"/> temporary settlement permit <input type="checkbox"/> EC permanent residence permit <input type="checkbox"/> other <input type="checkbox"/> residence visa <input type="checkbox"/> permanent settlement permit <input type="checkbox"/> national permanent settlement permit <input type="checkbox"/> immigration permit <input type="checkbox"/> EU Blue Card <input type="checkbox"/> family member residing abroad
			Number of Residence Document:
Name/Relationship :	Place and Date of Birth :	Citizenship:	Legal Title to Residence: <input type="checkbox"/> visa <input type="checkbox"/> residence permit <input type="checkbox"/> temporary settlement permit <input type="checkbox"/> EC permanent residence permit <input type="checkbox"/> other <input type="checkbox"/> residence visa <input type="checkbox"/> permanent settlement permit <input type="checkbox"/> national permanent settlement permit <input type="checkbox"/> immigration permit <input type="checkbox"/> EU Blue Card <input type="checkbox"/> family member residing abroad
			Number of Residence Document:
Name/Relationship:	Place and Date of Birth:	Citizenship:	Legal Title to Residence: <input type="checkbox"/> visa <input type="checkbox"/> residence permit <input type="checkbox"/> temporary settlement permit <input type="checkbox"/> EC permanent residence permit <input type="checkbox"/> other <input type="checkbox"/> residence visa <input type="checkbox"/> permanent settlement permit <input type="checkbox"/> national permanent settlement permit <input type="checkbox"/> immigration permit <input type="checkbox"/> EU Blue Card <input type="checkbox"/> family member residing abroad
			Number of Residence Document

8. Other Data
<p>Are you covered by full health insurance for the duration of your stay in Hungary? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Has your application for residence permit ever been refused? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Have you ever been convicted of a crime? If yes, please specify the country, date, the type of crime committed and the type of penalty imposed? <input type="checkbox"/> Yes <input type="checkbox"/> No (Country, Date, Crime, Penalty):</p> <p>Have you ever been expelled from Hungary? If yes, please specify the date. <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p style="text-align: center;"> Year Month Day </p> <p>Are you aware of any disease or medical condition (such as HIV/ AIDS, tuberculosis, Hepatitis B, syphilis, leprosy, typhus or other that need permanent medical treatment) you have? Do you carry any of the following contagious diseases: HIV, Hepatitis B, typhus or paratyphus? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If you are suffering from any of the above specified contagious diseases or medical conditions, do you receive an obligatory and regular medical treatment?</p>

Yes No

Permanent or Habitual Residence (prior to arrival in Hungary:

Country:

City/Town:

Name of Public Premises:

Which country do you wish to return to or travel onward to after the expiration of your legal residence?

Country:

Type and Number of Travel Document (used for inward travel):

Do you hold a document entitling you to legal residence in another Schengen Member State? Yes No

Number and Expiration Date of Residence Permit:

I certify that the data and answers I have furnished on this form are true and correct to the best of my knowledge and belief. I fully understand that giving false information shall result in the rejection of my application.

Date:

.....

Signature of Applicant

Stamp Duty:

**DO NOT WRITE IN THIS SPACE.
THIS SPACE IS TO BE FILLED OUT BY THE ACTING AUTHORITY.**

In case the application is approved

I herewith certify that the Applicant's residence in Hungary with the purpose of has been approved until Year Month Day.

Date:

(Signature of Officer, Seal)

Number of the Residence Permit Issued:

I hereby acknowledge the receipt of the above residence permit.

Date:

Signature of Applicant

In case of extension, the number of the residence permit revoked:

In case the application is denied

Number of Denial Decision:

Date of Denial: ____ Year ____ Month ____ Day

Reasons for Denial (in brief):

In case the application procedure is terminated

Number of Termination Decision:

Date of Decision: ____ Year ____ Month ____ Day

Reasons for Termination (in brief):

INFORMATION

The application for residence permit can be submitted in person together with all supporting documents proving compliance with criteria for residence. One passport photo is to be attached to the application form. The applicant must present his/her valid passport when submitting the application form. The passport must be valid for the period of legal residence.

Documents to be enclosed to the application form:

- **document certifying the purpose of residence**
 - = hosting agreement with the research institution
 - = commitment statement of the host research institution
- **document certifying the legal title to residence**
 - notarized copy of title deed not older than 30 days
 - rental contract
 - document certifying courtesy use of flat
 - filled out address/ accommodation registration form signed by the property owner
 - other relevant document
- **document certifying financial background**
 - = previous year's income certificate issued by taxing authority (NAV)
 - = income certificate issued by employer
 - = other relevant document
- **document certifying full health insurance**

Please note that the aliens policing authority has the right to request the submission of further documents during the procedure in order to clarify the circumstances.

When requesting the renewal of residence permit, if the conditions that served as the basis for issuing the residence permit still apply, and the Applicant can further prove compliance with criteria for residence, documents certifying these circumstances do not need to be enclosed again.

The Applicant can request the acting aliens policing authority to obtain the certificate related to the data indicated by the Applicant from another competent authority. This part of the application is considered as an approval to use of Applicant's personal data. If the aliens policing authority obtains the requested data, the applicant must bear and pay all related service fees to the aliens policing authority.

INSET "A"

FOR CONDUCTING JOINT AUTHORIZATION PROCEDURE

1. Data of Research Institution (Employer) in Hungary					
Name:					
Address of Employer's Seat:					
ZIP code:		City/Town:		Name of Public Premises:	
Type of Public Premises:	House number:	Building:	Staircase:	Floor:	Door:
Type of (Research) Activity:		Accreditation Number of (Research) Institution:		Validity Year Month Day	
2. Qualification(s) necessary to fill the position:		3. Education: <input type="checkbox"/> primary school <input type="checkbox"/> trade school <input type="checkbox"/> vocational school <input type="checkbox"/> high school <input type="checkbox"/> secondary school <input type="checkbox"/> technical school <input type="checkbox"/> college <input type="checkbox"/> university <input type="checkbox"/> less than 8 grades		4 Occupation prior to arrival in Hungary:	
5. Place of Employment: 5.1. Is there only ONE place of employment? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please specify: _____ (ZIP code) Address: _____		5.2. Due to the nature of work does the place of employment cover more counties? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, initial place of employment: _____ (ZIP code) Address: _____		5.3. Are you going to be deployed in more premises affiliated with Employer located in different counties? <input type="checkbox"/> Yes <input type="checkbox"/> No	
6. Date of Preliminary Agreement concluded with Employer: Year Month Day			7. Position (ISCO Code):		
8. Skills and knowledge necessary to fill the position: <u>Years of professional experience</u> relevant to position: <u>Special knowledge, skills and abilities</u> relevant to position: Knowledge of Language(s) Native Language(s): Other Language(s): Do you speak Hungarian? <input type="checkbox"/> Yes <input type="checkbox"/> No Have you ever been employed in Hungary? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, expiration date of previous joint permit: Previous Employer in Hungary Name: Address:					

9. Does any of the preferential cases below apply in the case of the third country national Applicant?

Yes No

- is employed within the framework of a postdoctoral employment grant, or on the basis of Bolyai János Research Grant is employed within the framework set forth in grant application;
- is involved in research activity which is – according to the certificate issued by the Hungarian Academy of Sciences – realized under the auspices of an international treaty (agreement) concluded between Hungary and another country;
- is involved in research activity in Hungary within the framework of a hosting agreement concluded with an accredited research institution on the basis of Government Decree on the accreditation procedure and hosting agreements of research institutions hosting third country national researchers;
- is a close relative of a member of the armed forces and civil staff from a NATO-SOFA member state serving in the territory of Hungary and specified by Chapter I Section 1 Subsections a) and b) of NATO-SOFA Agreement.

INSET "B"

Data of Minor Child Accompanying and Entered into the Passport of Applicant

Authority receiving the application:	File Number: _ _ _ _ _ _ _ _ _ _
<input type="checkbox"/> Residence permit issued for the first time	Photo
Place and Date of Entry: _____ Year Month Day	
Number and Expiration Date of Residence Visa _____ Year Month Day	[Signature Specimen of Applicant (Legal Representative)] Please make sure your signature fits in the box.
<input type="checkbox"/> Renewal of residence permit	
Number and Expiration Date of Residence Permit: _____ Year Month Day	

1. Personal Data of Minor Child		
Family Name (as per passport):_	Given Name(s) (as per passport):_	
Family Name at Birth:_	Given Name(s) at Birth:_	
Mother's Family and Given Name(s) at Birth:_	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Citizenship:_
Date of Birth: Year Month Day	Place of Birth (City/ Town):	Country:

2. Data of Minor Child's Residence in Hungary					
ZIP Code:	City/Town:_		Name of Public Premises:_		
Type of Public Premises:_	House Number:_	Building:_	Staircase:_	Floor:_	Door:_
Legal Title to Residence: <input type="checkbox"/> owner <input type="checkbox"/> tenant <input type="checkbox"/> family member <input type="checkbox"/> by courtesy of the owner <input type="checkbox"/> other, please specify:					

3. Other Data

Are you aware of any disease or medical condition (such as HIV/ AIDS, tuberculosis, Hepatitis B, syphilis, leprosy, typhus or other that need permanent medical treatment) the child has? Does the child carry any of the following contagious diseases: HIV, Hepatitis B, typhus or paratyphus?

Yes No

If the child is suffering from any of the above specified contagious diseases or medical conditions, does s/he receive an obligatory and regular medical treatment?

Yes No

**DO NOT WRITE IN THIS SPACE.
THIS SPACE IS TO BE FILLED OUT BY THE ACTING AUTHORITY.**

In case the application is approved

I herewith certify that the Applicant's residence in Hungary with the purpose of family reunification has been approved until
..... **Year** **Month** **Day**.

Date:
(Signature of Officer, Seal)

Number of the Residence Permit Issued: _____

I hereby acknowledge the receipt of the above residence permit.

Date:
(Signature of Applicant)

In case of extension, the number of the residence permit revoked: _____

In case the application is denied

Number of Denial Decision:

Date of Denial: **Year** **Month** **Day**

Reasons for Denial (in brief):

In case the application procedure is terminated

Number of Termination Decision:

Date of Decision: **Year** **Month** **Day**

Reasons for Termination (in brief):