



**BEVÁNDORLÁSI ÉS
ÁLLAMPOLGÁRSÁGI
HIVATAL**



Application for residence permit for the purpose of scientific research

Receiving authority:	Number: □□□□□□□□□□ <div style="border: 1px solid black; width: 150px; height: 150px; margin: 20px auto; text-align: center;"> Photograph </div> <div style="border: 1px solid black; width: 400px; height: 50px; margin: 20px auto;"> <p align="center">Signature of the applicant (legal representative) The signature must completely be within the frame.</p> </div>
Authority performing data entry:	
<input type="checkbox"/> Issuing residence permit for the first time	
Place of crossing the border:	
Date of crossing the border: year..... month day	
Number and validity of visa issued: H □□□□□□□□ year..... month day	
<input type="checkbox"/> Extending residence permit	Signature of the applicant (legal representative) The signature must completely be within the frame.
Number and validity of former residence permit: H □□□□□□□□ year..... month..... day	

1. Personal data of applicant		
Family name (as in passport):	Given name (as in passport):	
Family name at birth:	Given name at birth:	
Mother's family and given name at birth:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Marital status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widow <input type="checkbox"/> Divorced
Date of birth: year..... month..... day	Place of birth (city):	Country:
Nationality:	Nationality (it is not obligatory to fill this in):	
Last permanent place of residence prior to entering Hungary:		
Profession:	Education: <input type="checkbox"/> elementary <input type="checkbox"/> secondary <input type="checkbox"/> higher	Occupation prior to entering Hungary:

2. Data of passport	
Passport number:	Date and place of issue: year..... month..... day
Type of passport: <input type="checkbox"/> Private passport <input type="checkbox"/> service <input type="checkbox"/> diplomatic <input type="checkbox"/> Other	Valid until: year..... month..... day

3. Intended duration of and reasons for staying in Hungary	
Duration until	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> year <input type="checkbox"/> <input type="checkbox"/> month <input type="checkbox"/> <input type="checkbox"/> day
Reason:	

4. Accommodation during stay					
Postal code:	City:		Name of (road, street, square etc):		
Type of public domain:	Street number:	Building:	Staircase:	Floor:	Apartment number:
Title of residence: <input type="checkbox"/> owner <input type="checkbox"/> sub/tenant <input type="checkbox"/> family member <input type="checkbox"/> property user by courtesy of owner <input type="checkbox"/> other, namely::					

5. Data of host institution		
name:	headquarters:	
Type of activity:	Accreditation number:	Validity year..... month..... day

6. Data of means of sustenance in Hungary	
expected monthly income from activity:	last tax year's gross income:
amount of savings available:	other supplementary income/property that ensures living:

7. Conditions of continued travel or return trip					
Which country do you wish to depart or return to after expiry of the residence permit?				Means of transport for the journey?	
Do you hold the necessary	passport?	visa?	ticket?	resources to cover the fare?	<input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes, sum:	

8. Spouse, child, parent of the applicant residing in Hungary			
name/relationship:	data and place of birth:	citizenship:	Title of stay in Hungary: <input type="checkbox"/> visa <input type="checkbox"/> residence permit <input type="checkbox"/> temporary settlement permit <input type="checkbox"/> EC settlement permit <input type="checkbox"/> other <input type="checkbox"/> residence visa <input type="checkbox"/> permanent residence permit <input type="checkbox"/> national settlement permit <input type="checkbox"/> immigration permit
name/relationship:	data and place of birth:	citizenship:	Title of stay in Hungary: <input type="checkbox"/> visa <input type="checkbox"/> residence permit <input type="checkbox"/> temporary settlement permit <input type="checkbox"/> EC settlement permit <input type="checkbox"/> other <input type="checkbox"/> residence visa <input type="checkbox"/> permanent residence permit <input type="checkbox"/> national settlement permit <input type="checkbox"/> immigration permit
name/relationship:	data and place of birth:	citizenship:	Title of stay in Hungary: <input type="checkbox"/> visa <input type="checkbox"/> residence permit <input type="checkbox"/> temporary settlement permit <input type="checkbox"/> EC settlement permit <input type="checkbox"/> other <input type="checkbox"/> residence visa <input type="checkbox"/> permanent residence permit <input type="checkbox"/> national settlement permit <input type="checkbox"/> immigration permit

9. Other data
<p>Do you have full health insurance for the duration of stay in Hungary? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Have you ever had an application for residence permit rejected? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Have you ever been convicted for a crime? If yes, in which country, when, for what kind of crime, and what kind of punishment was imposed on you? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Have you ever been expelled from Hungary, if yes, when? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>..... year..... month..... day</p> <p>To the best of your knowledge, do you suffer from HIV/AIDS, hepatitis B, tuberculosis, leprosy, lues, typhoid diseases, which need treatment, or are you a carrier of HIV, hepatitis B, typhoid or paratyphoid? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If you suffer from any of the above diseases, or you are contagious with or a carrier of them, do you take part in obliged and permanent therapy? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>

I confirm that the above information is true and valid. I accept the fact that giving false information may lead to rejection of my application.

Date:

.....
Signature

Fee stamps:

For official use only

In case of allowing the application

I allow the applicant to stay in Hungary for the purpose of..... until

□□□□ year□□ month□□ day.

Date:

.....

(Signature, seal)

Number of issued residence permit: □□□□□□□□

I have received the residence permit.

Date:

.....

(Signature)

In case of renewal the number of the revoked residence permit: □□□□□□□□

In case of rejecting the application.

Number of decision:

Date of decision: □□□□ year□□ month□□ day

Reason for rejection:

INFORMATION

The application for residence permit can be submitted in person, not later than 30 days before the expiry of the legal stay, at the local aliens policing authority competent by accommodation. One passport-size photograph has to be affixed to the application form. The applicant must present his/her valid passport on submitting the application form. The passport must be valid for more than 3 months after the expiration of the residence authorized.

Annexes to be enclosed to the application form:

- **Document proving purpose of residence**
 - hosting agreement between the applicant and the host institution
- **Document certifying the title of residence (accommodation)**
 - lease contract of the flat
 - contract or statement of providing the accommodation by courtesy
 - Other document
- **Document certifying financial resources**
 - certificate from the tax authority of last year's income
 - employer's certificate of income
 - other documents
- **Document certifying full health insurance for the whole stay in Hungary**

The aliens policing authority has the right to ask for further documents during the process in order to clarify the circumstances!

If the applicant applies for the extension of the residence permit, and the conditions that have served as basis for issuing the residence permit are unchanged, the applicant does not have to attach the documents certifying these circumstances again.

The applicant can ask the aliens policing authority to obtain the certifications on the data indicated by the applicant from another competent authority. This part of the application is considered as an approval to manage and forward personal data. If the aliens policing authority obtains the necessary data, the applicant has to pay the service fees to the aliens policing.

„A” INSET
Data of minor children travelling with and entered into the passport of the applicant

Receiving authority:	Number: □□□□□□□□
Authority performing data entry:	<div style="border: 1px solid black; width: 150px; height: 150px; margin: 0 auto;"> <p style="text-align: center; margin: 0;">Photograph</p> </div>
<input type="checkbox"/> Issuing residence permit for the first time	
Place of crossing the border:	
Date of crossing the border: year..... month day	<div style="border: 1px solid black; width: 400px; height: 60px; margin: 0 auto;"> <p style="text-align: center; margin: 0;">Signature of the applicant (legal representative) The signature must completely be within the frame.</p> </div>
Number and validity of visa issued: H □□□□□□□□ year..... month day	
<input type="checkbox"/> Extending residence permit	
Number and validity of former residence permit: H □□□□□□□□ year..... month..... day	

1. Personal data of the minor			
Family name (as in passport):		Given name (as in passport):	
Family name at birth:		Given name at birth:	
Mother' family and given name at birth:		Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Nationality:
Date of birth: year..... month..... day	Place of birth (city):		Country:

2. Data of the minor child's accommodation					
Postal code:	City:		Name of (road, street, square etc):		
Type of public domain:	Street number:	Building:	Staircase:	Floor:	Apartment number:
Title of residence: <input type="checkbox"/> owner <input type="checkbox"/> sub/tenant <input type="checkbox"/> family member <input type="checkbox"/> property user by courtesy of owner <input type="checkbox"/> other, namely:					

3. Other data

To the best of your knowledge, does the minor suffer from HIV/AIDS, hepatitis B, tuberculosis, leprosy, lues, typhoid diseases, which need treatment, or is he/she a carrier of HIV, hepatitis B, typhoid or paratyphoid?

Yes No

If he/she suffers from any of the above diseases, or he/she is contagious with or a carrier of them, does he/she take part in obliged and permanent therapy?

Yes No

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In case of allowing the application

I allow the applicant to stay in Hungary..... until

□□□□ year□□ month□□ day.

Date:

.....

(Signature, seal)

Number of issued residence permit: □□□□□□□□

I have received the residence permit.

Date:

.....

(Signature)

In case of renewal the number of the revoked residence permit: □□□□□□□□

In case of rejecting the application.

Number of decision:

Date of decision: □□□□ year□□ month□□ day

Reason for rejection: