



APPLICATION

Registration № _____

Please allow me to take entrance exams on **contract basis with the payment of tuition fees.**

Faculty Medical Faculty

by specialty GENERAL MEDICINE

Form of study: full-time

Language of study: English

My personal information:

Surname: _____

Name: _____ Middle name: _____

Date of birth: day _____, month _____, year _____ Gender: Male / Female

Nationality: _____

Place of birth: province: _____ district: _____ village _____

Information about previous graduated institution: (School/Professional school/Higher education)

Name of the Institution: _____ Year of graduation: _____

Certificate/diploma series № _____ Foreign language ENGLISH

Location: _____

Home address:

Citizenship _____ Province _____

District _____ City/Village _____

Street, house № _____ Telephone/WhatsApp _____

Passport:

Series /№ _____

Date of issue: _____

Place of issue: _____

Information about parents:

Father: _____

Work place, position _____ telephone _____

Mother: _____

Work place, position _____ telephone _____

Home address of parents _____

I am informed about the rules for admission and the institution's license on undertaking educational activity.

Date of application submission " ____ " _____ 2025 Signature of the applicant _____