



# SIBERIAN STATE MEDICAL UNIVERSITY

## APPLICATION FORM

(For Foreign candidates)

20\_\_\_/20\_\_\_ SESSION

Please fill the form in capital letters

## FUTURE EDUCATION

Proposed Degree program: Bachelor's  Master's  Ph.D/PG

Speciality / Field of study: \_\_\_\_\_

Proposed University: \_\_\_\_\_

1st choice: \_\_\_\_\_

2nd choice: \_\_\_\_\_

(You can leave empty and we can choose for you the right university)

Want to study in medium of instruction: English  Russian   
(if required field is not available in English then admission will be made in the Russian language)

## PERSONAL DATA

Full Name: \_\_\_\_\_

Surname

Name:

Middle name:

Gender: male  female  Marital Status: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Nationality: \_\_\_\_\_

National passport No.: \_\_\_\_\_ Date of Issue: \_\_\_\_\_ Date of Expire: \_\_\_\_\_

Present Address: \_\_\_\_\_

(Country, city/town, street, house No)

Permanent Address: \_\_\_\_\_

(Country, city/town, street, house No)

Contact No.: \_\_\_\_\_ Contact E-mail: \_\_\_\_\_

Where will you apply for Russian visa? \_\_\_\_\_

(Country, city)

## EDUCATIONAL BACKGROUND

### SCHOOL

School name: \_\_\_\_\_ School adress: \_\_\_\_\_

Attended Since \_\_\_\_\_ till \_\_\_\_\_ Received Certificate: \_\_\_\_\_

### COLLEGE / UNIVERSITY

College / University (if Attended) name: \_\_\_\_\_

College / University address: \_\_\_\_\_

Attended Since \_\_\_\_\_ till \_\_\_\_\_ Received Certificate: \_\_\_\_\_

Have you ever studied in Russia before? Yes  No  If «Yes» (specify the year, course and university name)

Have you ever studied Russian language? Yes  No  If «Yes» when and where \_\_\_\_\_

## APPENDIX

1. Copy of passport
2. Copies of educational certificates

I confirm that the information given in the form is correct.

Date: \_\_\_\_\_

Applicants Signature: \_\_\_\_\_