



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: _____