

APPLICATION

This form should be filled in on a computer, printed, signed personally and sent to the e-mail address listed below. To this form you should attach copy of your passport (page with the personal data, passport issue and expiry date) and copy of your Higher Secondary School Certificate with Mark sheet.

For all questions please contact Alexander Piryazev, the head of the International Department of Ryazan State Medical University.

E-mail: medicinestudyinrussia@gmail.com

Tel.: +7 4912 46-08-29

PERSONAL INFORMATION	
Name, surname	
Citizenship	
Date and place of birth (country/city, region)	
Sex	
Passport number	
Passport issue date	
Passport issue place	
Passport expiry date	
Russian Embassy where you wish to obtain your visa in your country (state,city)	
Home address	
Phone number	
Family status	
Do you have citizenship or residency in other countries (place and date of issue, passport/residency card number)	
Hobbies	
Date of a Higher Secondary School graduation	
Name and address of a Higher Secondary School you graduated from	
Specialty you wish to study, with/without translation service into the English/French	
Languages you speak, language profeciency	

Professional experience				
E-mail for invitation letter to be sent				
Information about relatives (parents, brothers, sisters)				
Relation degree	Surname (maiden surname), name	Date and place of birth	Place of work, position	Mobile phone number

- Hereby I confirm accuracy of provided information.
- I accept admission conditions and fee payment conditions.
- Hereby I consent to follow rules of the University and Laws of the Russian Federation
- I agree for my personal information processing in accordance with the Federal Law №152-FZ dated July 27, 2006 «Concerning personal information».

Your signature:

Y
