



Bashkir State Medical University

APPLICATION FORM

Applicants have to fill this form and send scanned copy to the University Admission Committee

PERSONAL INFORMATION					
Name in English					(For Official Use Only) Attach recent photograph here
	(Last Name)		(First Name)		
Mailing Address					
Telephone		Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female		
Mobile Phone		Email			
Marital Status	<input type="checkbox"/> Married <input type="checkbox"/> Single	Date of Birth	(Month)	(Day)	(Year)
Nationality		Place of Birth			
Health Condition	(Specify your health problems, if any)				
Passport №			Place of Issue:		
<input type="checkbox"/> International <input type="checkbox"/> Domestic					
Date of issue:			Date of expire:		
CONTACT PERSON IN HOME COUNTRY					
Name			Relationship		
Telephone			Email		
Address					
Family information					
Father's Name			Father's Nationality		
Mother's Name			Mother's Nationality		
Other person					

EDUCATIONAL BACKGROUND

High School	School Name		City and Country	
	Degree Conferred		Major	
	Period	(mm)/(yyyy) ~ (mm)/(yyyy)		
Graduation Result	Subjects	Total Marks	Applicant Marks	
	English			
	Chemistry			
	Biology			
	Physics			

DESIRABLE DEGREE SOUGHT

	Course you wish to apply	Degree Program
1	Preparatory Courses (Non-degree)	
2	General Medicine (Undergraduate Degree)	

Please, be informed this application refers to educational programs with full reimbursement of expenses

AUTOBIOGRAPHY

(Please describe your extracurricular activities, academic awards and honors, qualifications, expertise, etc.)

I request you allow me to the competition (based on the entrance examination) to be enrolled in courses I selected above.

Herby I certify I have completed this application form by myself, and that all the information I have given is true and correct to the best of my knowledge.

Herby I certify I have read and fully understood the meaning of the following documents:
University's license for educational activity, certificate of state accreditation

Herby I certify I am familiar with important dates of the application process

Herby I certify I have read and fully understood BSMU admission rules, including the rules of appeal based on the results of entrance examinations conducted by the Bashkir State Medical University.

Herby I confirm inform consent for receiving, processing and storing my personal data in the order established by the Federal Law of 27.07.2006 #152-FZ "On personal data".

I responsible for the accuracy of the information presented in current application form.

Date

Signature