



Bashkir State Medical University

Arrival Information Form

1. Student Information:

Student name:		Passport №:	
Phone number:		E-mail:	
Citizenship:			

2. Arrival and Accommodation Check-In Date:

Date:	Approximate Time:
-------	-------------------

3. Flight Information:

	Date	Time	Airport & City	Flight Number
Departure from your home country:				
Arrival to UFA:				

4. Place of entry the border of Russian Federation _____

5. Your additional information: _____

Date: _____

E-mail: _____ Tel.: _____ Fax: _____