

# Application Form

**Personal Details (as in passport)**

**Fill the form in Capital Letters Only**

Surname	<input style="width: 100%;" type="text"/>																			
Name	<input style="width: 100%;" type="text"/>																			
Date of Birth	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Sex	<input type="checkbox"/> Male	<input type="checkbox"/> Female							
Nationality	<input style="width: 100%;" type="text"/>																			
Marital Status	<input type="checkbox"/> Single					<input type="checkbox"/> Married					<input type="checkbox"/> Divorced									
Passport No.	<input style="width: 100%;" type="text"/>										Issue Date	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Issuing Authority	<input style="width: 100%;" type="text"/>										Validity	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Name of Father	<input style="width: 100%;" type="text"/>																			
Permanent Address	<input style="width: 100%;" type="text"/>																			
	<input style="width: 100%;" type="text"/>																			
	<input style="width: 100%;" type="text"/>																			

**Personal Details (for correspondence)**

<input style="width: 100%;" type="text"/>															
<input style="width: 100%;" type="text"/>															
City	<input style="width: 100%;" type="text"/>										Pin	<input style="width: 100%;" type="text"/>			
State	<input style="width: 100%;" type="text"/>					Country	<input style="width: 100%;" type="text"/>								
Phone with Country & City Code	<input style="width: 100%;" type="text"/>														
Mobile	<input style="width: 100%;" type="text"/>					E-mail	<input style="width: 100%;" type="text"/>								

**Last Qualifying Examination**

Name of Examination	University / Board	Year of Passing	Total % of Marks
XII / MBBS			

**Course Applying for:**

UG Course:  General Medicine (English)  Stomatology  Pharmaceutics  Preparatory Course

PG Course: Specialization

Ph.D. Course: Specialization

*I, hereby declare that the information given by me in this application form to the best of knowledge is true. I do hereby declare that I bear full responsibility to follow the Laws of Ukraine and of my Country. The University reserves the right to expel me at any stage of the course on charges of misconduct / irregularity or indiscipline. My aim to travel city, Ukraine is solely for the studies in University, Ukraine.*

Date & Place of Submission

Applicant's Full Name & Signature

Recommended by Sub. Representative	State / Country	Signature
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