

Application Form

Personal Details (as in passport)

Fill the form in Capital Letters Only

Surname	<input type="text"/>																								
Name	<input 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 type="text"/>																								
Marital Status	<input type="checkbox"/> Single	<input type="checkbox"/> Married	<input type="checkbox"/> Divorced																						
Passport No.	<input 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 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 type="text"/>																								
Permanent Address	<input type="text"/>																								
	<input type="text"/>																								
	<input type="text"/>																								

Personal Details (for correspondence)

<input type="text"/>																								
<input type="text"/>																								
City	<input type="text"/>																		Pin	<input type="text"/>				
State	<input type="text"/>												Country	<input type="text"/>										
Phone with Country & City Code	<input type="text"/>																							
Mobile	<input type="text"/>												E-mail	<input 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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