

MINISTRY OF HEALTH OF UKRAINE
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AFFIX
PASSPORT
SIZE
PHOTOGRAPH

APPLICATION FORM

Surname: _____

Name: _____

Nationality: _____ Date of Birth: _____

Permanent Address: _____

Present Address: _____

Tel: _____ Fax: _____

E-mail: _____ Sex: Male Female:

Passport No.: _____ Date of Expiry of Passport: _____

Marital Status: _____

Required Course: _____

Academic Records:

Name of School/College/University with marks and grade details: _____

Signature of Applicant: _____ Date : _____

For admissions we require filled application form, copy of international passport with copies of educational certificates. You can send these documents to us by e-mail or by fax.