To The Chairman of the Admissions Committee of

FSBEI HE ISMA

 of Ministry of Health of Russian Federation

Rector A. E. Shklyaev

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Applicant’s full name

Passport №\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Issuing Authority\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of issue\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Application**

Please take into account my consent to enroll in the specialty program:

 **31.05.01 General Medicine / 31.05.02 Pediatrics / 31.05.03 Stomatology**

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 **(choose only one specialty area)**

When applying for training under contract with payment of tuition fees:

✔ **according to the general competition.**

**I confirm that I do not have valid (unannounced) applications for consent to enroll in higher education programs of this level in places within the admission control figures, including those submitted to other organizations.**

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**(Full name)** **(signature)**

**"\_\_\_\_\_"\_\_\_\_\_\_\_\_\_\_\_\_2022**