To the Rector of the Federal State Budgetary Educational Institution of Higher Education "Izhevsk State Medical Academy" of the Ministry of Health of the Russian Federation, Professor A. E. Shklyaev

*From*

|  |  |
| --- | --- |
| Surname \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Middle name (if available) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date of birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Place of birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Citizenship \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Type of ID \_PASSPORT\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Number of ID \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Issuing authority \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date of issue \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date of expiry \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Registered address of Applicant | | |  | | | | | | | | | | |
|  | | |  | | | | | | | | | | |
| Email address | | |  | | | | | | | | | | |
| Phone numbers (with area code): | | | mobile \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, home \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | |
| Graduated from the |  | | | | |  |  | | | | | | |
|  | type of educational institution | | | | |  | School name and city ( town) | | | | | | |
| Certificate □/Diploma □ series | |  | | № |  | Date of issue | | " |  | " |  | 20 |  |  |

**APPLICATION**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Please allow me to take the entrance tests and participate in the competition to the Medicine faculty on the specialty of General Medicine**.** | | | | | |
| in the category of admission: general conditions for foreign applicants. | | | |  | ), with full reimbursement of costs. |
| Please allow me to take written entrance tests in Chemistry and English. | |
| Return way of submitted original documents in case of non-admission: | *I'll pick them up personally* |

Dormitory required □, not required □.

I have reviewed the Charter of the Academy, the license for the right to conduct educational activities, the Certificate of State accreditation, the Regulations and Rules of Admission to the Academy (including information on the special rights and benefits granted to applicants during admission), as well as the documents and information specified in part 2 of Article 55 of

Federal Law No. 273-FL \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

applicant's signature

I am getting a higher professional education for the first time □, not for the first time □ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

applicant's signature

I have no bachelor's, specialist's, or Master's degree \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

applicant's signature

I am aware that applications must be submitted to no more than 5 universities \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

applicant's signature

|  |  |
| --- | --- |
| An application for admission to the entrance tests, except for FSBEI HE ISMA of the Ministry of Health of the Russian Federation, was submitted to the following universities: | |
| 1. |  |
| 2. |  |
| 3. |  |
| 4. |  |

I know the end date of the original State-issued educational document submission, the end date of accepting applications for consent to enroll and the end date of granting consent to enroll under the contract \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

applicant's signature

I know the rules for filing an appeal \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

applicant's signature

I agree to the processing of my personal data \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

applicant's signature

I am familiar with the information about my responsibility for the accuracy of information provided in the application for admission and for the authenticity of documents submitted for admission \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

applicant's signature

I confirm the submission of an application for admission without entrance tests in accordance with Part 4 and (or) 12 of Article 71

Federal Law No. 273-FZ solely to FSBEI HE ISMA under the specialty program: 31.05.01 General Medicine

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

applicant's signature

I have no passport of a citizen of the Russian Federation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

applicant's signature

Application submission date "\_\_\_\_" \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_20\_\_\_\_