

Federal State Budgetary Educational Institution of Higher Education "Kirov State Medical University" of the Ministry of Healthcare of the Russian Federation (FSBEI HE Kirov SMU MOH Russia)

**To the Rector of FSBEI HE Kirov
SMU MOH Russia Zheleznov L.M.**

from

Surname _____	Citizenship: _____
Name _____	Identity document, <i>passport</i>
Second name _____	
Date of birth _____	№ _____
Place of birth _____	Issued (when and by who _____
	by _____

Registration address: _____

Residency address: _____

Phone: _____

E-mail: _____

APPLICATION №

I ask you to consider my documents for competitive entrance examination for specialty programs:

Field of study (specialty)	Mode of study	Grounds for entrance	Registration number

I ask you to consider as the results of entrance examination the following:

(indicate where the mark is received: USE - unified state examination, AC - academic competition: placement, level)

№	Subject	USE	AC	Year	Name and number of the document
.					
.					
.					

I ask you to admit me to the entrance examination in the following general subjects in English:

subject, examination mode

Individual achievements:

Individual achievements	Document	Points

The special conditions for entrance examination:

are not needed, are needed (condition

I have read the decree № 302-Н of the Ministry of Healthcare of Russia date _____

signature

I am entering the studies within the confines of control numbers, I confirm that I don't have a specialist/undergraduate diploma

Signature

I confirm that I am applying to less than 5 institutions of higher education, including the organization I am applying to, and for no more than 3 specialties (fields of study) in this

Signature

I have been acquainted with the license for conducting educational activities, the certificate of state accreditation and attachments to them, according to the chosen field (specialty),

Signature

I have been acquainted with the special rights and benefits given to the applicants when

Signature

I have been informed about the deadline of providing the statement of enrollment consent:

Signature

I have been acquainted with the rules of appealing the results of entrance examinations, conducted by the university independently:

Signature

I agree to the processing of my personal data according to the Federal Law dated 27.07.2006 № 152-ФЗ "On personal data":

Signature

In case of entering the university specialty and undergraduate programs using special rights within the control numbers, I confirm that I apply on the basis of corresponding special rights to this higher educational institution only and for this educational program:

Signature

I am reporting personal information about the following:

Previous education: _____ graduated in _____

educational institution: _____

Certificate serial №: _____ issued _____

Foreign language: _____

I possess special rights for admission: ---

Document, confirming existence of special rights: ---

I need the dormitory place: _____

I am also reporting (information about preparatory course, interests, hobbies): _____

Parents' full name, address, phone:

Father: _____

Mother: _____

Return of original submitted documents in case of failed entrance:

personally to me

through general postal services

I hereby confirm the accuracy of the information provided by me in the application and the authenticity of submitted documents

_____ date

_____ signature

_____ name

Signature of admissions committee member in charge :

_____ date

_____ signature

_____ name