

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**

from

Surname <u>SMIT</u>	Citizenship:
Name <u>AHMED</u>	Identity document,
Second name <u>MOHAMED</u>	<i>passport</i>
Date of birth <u>28.10.1997</u>	A № <u>0546321</u>
Place of birth <u>SHARKIA</u>	Issued (when and by whom) <u>07.04.2015</u> by EGY

Registration address: 610027 Kirov Region, Kirov, Krasnoarmeyskaya 31

Residency address: \_\_\_\_\_

Phone: 89997772211

E-mail: mokhamed@mail.ru

### APPLICATION №

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

Field of study (specialty)	Mode of study	Grounds for entrance	Registration number
31.05.01 "General Medicine"	full-time	on a fee-paying basis	

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 Eng  
Biology (Examination); Chemistry (Examination);

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 28.09.2021

signature

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

Smif  
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

Smif  
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),

Smif  
Signature

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

Smif  
Signature

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

Smif  
Signature

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

Smif  
Signature

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

Smif  
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:

Smif  
Signature

**I am reporting personal information about the following:**

Previous education: general secondary education graduated in 2018 year

educational institution: High school

Certificate serial №: 70 000 000 issued 29.06.2018

Foreign language: \_\_\_\_\_

I possess special rights for admission: ---

Document, confirming existence of special rights: ---

I need the dormitory place: I need

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 service

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

28.09.2021

date

Smif

signature

Smif Ahmed Mohamed

name

Signature of admissions committee member in charge :

28.09.2021

date

signature

name