

ВАЗОРАТИ ТАНДУРУСТӢ ВА  
ҲИФЗИ ИҶТИМОӢИ АҲОЛИИ  
ҶУМҲУРИИ ТОҶИКИСТОН

МУАССИСАИ ДАВЛАТИИ  
ТАЪЛИМИИ «ДОНИШГОҲИ  
ДАВЛАТИИ ТИББИИ  
ТОҶИКИСТОН БА НОМИ  
АБУАЛӢ ИБНИ СИНО»



MINISTRY OF HEALTH AND  
SOCIAL PROTECTION OF  
POPULATION OF THE  
REPUBLIC OF TAJIKISTAN

STATE EDUCATIONAL  
INSTITUTION «AVICENNA  
TAJIK STATE  
MEDICAL UNIVERSITY»

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«\_\_\_\_\_» \_\_\_\_\_ 20\_\_\_\_., №\_\_\_\_\_

## APPLICATION FORM

(for foreign applicants)

### INTENDED PROGRAM OF STUDY

Proposed Degree program:	MBBS		MD		Internship		Clinical Residency		PhD/PG	
Specialty / Field of study:										

### PERSONAL DATA

Surname:		Name:			
Middle name:		Gender:	Male		Female
Date of Birth:					
Place of Birth:					
Nationality:					
Foreign passport №:					
Date of Expire:					
Country of visa application:					
Permanent Address:					
Contact Number:		E-mail:			

### EDUCATIONAL BACKGROUND

#### SCHOOL

School name:		School address:		
Period of study:		Received Document:		

#### COLLEGE / UNIVERSITY

College / University (if Attended) name:			
College / University address:			
Period of study:		Received Document:	

### APPENDIX

1. Copy of passport

2. Copies of educational certificates

I confirm that the information given in the form is correct.

Applicant's signature \_\_\_\_\_

Date:: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_