



**KRASNOYARSK STATE  
MEDICAL UNIVERSITY**

# APPLICATION FORM

(For 6 yr MBBS Program)

20\_\_\_/20\_\_\_ SESSION

Please fill the form in Capital Letters



**SOLARIS**  
GLOBAL EDUCATION  
CONSULTANTS

## PERSONAL DATA

Full Name: \_\_\_\_\_

Surname

First Name

Middle Name

Gender: Male  Female  Marital Status: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Nationality: \_\_\_\_\_

Present Address: \_\_\_\_\_

Permanent Address: \_\_\_\_\_

Contact Number: \_\_\_\_\_ Alternate Number: \_\_\_\_\_

E-mail ID: \_\_\_\_\_

Passport No: \_\_\_\_\_ Date of Issue: \_\_\_\_\_ Date of Expire: \_\_\_\_\_

## EDUCATIONAL BACKGROUND

School / College Name: \_\_\_\_\_

Attended Since: \_\_\_\_\_ till \_\_\_\_\_ Certificate Obtained: \_\_\_\_\_

## APPENDIX

1. Scanned Copy of Passport
2. Passport Size Photograph
3. Scanned Copy of Educational Certificates

## DECLARATION

I hereby confirm that the information given above is correct.

Date: \_\_\_\_\_ Place: \_\_\_\_\_ Authorized Partner ID \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Partner Stamp & Signature: \_\_\_\_\_

*\*The admission & consultation fee, once paid, is non refundable under any circumstances, if the candidate voluntarily withdraws the application for admission. The mentioned fee is refundable, after minor deductions for expenses, only in the event the University fails to further process the admission of the student, and the student is not at fault..*