

FACULTY OF GENERAL MEDICINE FOR OVERSEAS STUDENTS

Application for admission (to get an Invitation letter)

To the Rector of the educational institution
 «Gomel State Medical University»
 5 Lange Street, 246000, Gomel,
 Republic of Belarus
 Telephone: +375-232-75 51 31
 E-mail: foreigndeensoffice@gsmu.by
 Please fill **in block letters**

photo

Unit 1. PERSONAL INFORMATION

Surname (as it appears in passport) _____

First name _____

Gender (male / female) _____ Date of birth (dd/mm/yy) _____

Place of birth _____ Citizenship _____

Passport number _____ valid from _____ until _____

Home address _____

Telephone (home) _____ mobile _____

E-mail _____

Where are you going to obtain a student visa? _____

The educational program you have chosen:

Higher education (6 years) in the specialty «General medicine» (MD course) (Please tick ✓):

☐ English medium

☐ Russian medium

What is your level of English proficiency? (Please tick ✓)

☐ Elementary

☐ Pre-Intermediate

☐ Intermediate

☐ Upper-Intermediate

What other languages can you speak? _____

Do you need hostel accommodation? (Please tick ✓) ☐ No ☐ Yes

Unit 2. INFORMATION ABOUT THE PARENTS

Full name	Occupation and place of work	Contact telephone number	Email

Unit 3. EDUCATIONAL BACKGROUND

Level of education*	Name of school/college, country	Period of studies (from __ - till __)	Examination grades (grades or %)
Basic secondary education (10 th class)			Chemistry – Biology – English – Physics –
Higher/senior/advanced secondary education (12 th class)			Chemistry – Biology – English – Physics –
Additional education (college, preparatory course etc)			Chemistry – Biology – English – Physics –

* list all the education institutions you have attended;

** please attach all the documents/certificates

Unit 4. CONTROL LIST OF THE ATTACHED DOCUMENTS

I am attaching herewith the copies of the following documents and

I am obliged to submit the originals attested in a due order with the notarized translation into Russian at the moment of admission at the University (Please tick ✓):

<input type="checkbox"/>	Passport copy
<input type="checkbox"/>	Photos
<input type="checkbox"/>	Medical health certificate
<input type="checkbox"/>	Education certificates (10th and 12th classes)
<input type="checkbox"/>	HIV certificate

Who is going to pay your tuition fee and cover your training expenses (Please tick ✓):

☐ parents ☐ sponsor / guardian

I entrust to represent my interests in the matters of receipt and delivery of the letters (Admission, Fee structure and Invitation letters) to the citizen

(country, full name, passport details)

or to the intermediary company

MEDICO ABROAD CONSULTANTS

in the person of

V. RAJARAM

I certify that the information stated in this application is true and correct and the attached documents are authentic.

Signature: _____ (name)

Date: