



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 ✓):

	Passport copy
	Photos
	Medical health certificate
	Education certificates (10th and 12th classes)
	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: