

Ardabil University of Medical Sciences

**APPLICATION FORM**

Please fill out this form and send it together with the necessary documents. Incomplete forms will not be processed.

**A) PERSONAL DETAILS**

|  |  |
| --- | --- |
| **Sex** | Male Female |
| **First Name** |  |
| **Middle Name** |  |
| **Last Name** |  |
| **Date of Birth** | Day: Month: Year: |
| **Place of Birth** | City: Country: |
| **Marital Status** | Single Married |
| **Nationality** |  |
| **Passport Information** | Passport No: Place of Issue: Date of Issue: Date of Expiry: |
| **Corresponding Address** |  |
| **Telephone No** |  |
| **E- Mail Address** |  |
| **City of Taking Education Visa** |  |

**B) EDUCATIONAL INFORMATION**

**1. All Schools/** **Educational Institutions attended in chronological order**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Degree** | **School/University** | **Field of Study** | **City/Country** | **Years Attended** | |
| **From** | **To** |
| **High School** |  |  |  |  |  |
| **Bachelor** |  |  |  |  |  |
| **Master** |  |  |  |  |  |
| **PhD** |  |  |  |  |  |

**2. Desired courses, in the order of preference**

|  |  |
| --- | --- |
| **Desired Courses** | |
| **1** |  |
| **2** |  |

**3. Fluency in Language(s)**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Language** | **Reading** | | | **Writing** | | | | **Speaking** | | | | | **Listening** | | | |
| Good | Fair | Poor | Good | Fair | | Poor | Good | | Fair | | Poor | Good | Fair | | Poor |
| **Persian (Farsi)** |  |  |  |  |  |  | |  |  | |  | |  |  |  | |
| **English** |  |  |  |  |  |  | |  |  | |  | |  |  |  | |
| Any other languages: | | | | | | | | | | | | | | | | |

**C) OCCUPATION INFORMATION/** **EMPLOYMENT RECORD**

Starting with your present post, list in reverse order the most recent employment you have had.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name of organization** | **Address of organization** | **Title of your position** | **Years of service** | | **Telephone No** |
| **From** | **To** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

**D) THE EXPERIENCE OF GETTING EDUCATIONAL VISA IN UNIVERCITIES OF IRAN**

|  |  |  |
| --- | --- | --- |
| **NO.** | **Name of university** | **Visa grant date** |
| **1** |  |  |
| **2** |  |  |

**I ,........................., declare that all particulars supplied by me are correct and complete and I am aware that any**

**false statement will lead to my application being rejected or to the annulment of an admission already granted.**

Date……………………..