FACULTY OF GENERAL MEDICINE FOR OVERSEAS STUDENTS Application for admission (to get an Invitation letter)

Application for admission (to get an Invitation letter)	
To the Rector of the educational institution	
«Gomel State Medical University»	
5 Lange Street, 246000, Gomel,	photo
Republic of Belarus	photo
Telephone: +375-232-75 51 31	
E-mail: foreigndeensoffice@gsmu.by	
Please fill in block letters	
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 fromuntil	
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	e tick ✔):
☐ English medium ☐ Russian medium	
What is your level of English proficiency? (Please tick ✓)	
	Upper-Intermediate
What other languages can you speak?	
Do you need hostel accommodation? (Please tick ✓) ☐ No ☐ Yes	

Unit 2. INFORMATION ABOUT THE PARENTS

Cint 2: Introduction about the trace of				
Full name	Occupation and place of work	Contact telephone number	Email	

Unit 3. EDUCATIONAL BACKGROUND

Level of education*	Name of school/college,	Period of studies	Examination grades
	country	(from till)	(grades or %)
Basic secondary			Chemistry –
education			Biology –
(10 th class)			English –
			Physics –
Higher/senior/advanced			Chemistry –
secondary education			Biology –
(12 th class)			English –
			Physics –
Additional education			Chemistry –
(college, preparatory			Biology –
course etc)			English –
,			Physics –
* list all the education in	stitutions you have attended;	1	,

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 (10 th and 12 th 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:/

^{**} please attach all the documents/certificates