

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: _____

University Chosen: a) Krasnoyarsk State Medical University b) Kemerovo SMU

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: _____

Applicant Signature: _____

Authorized Partner's
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..*