DAVID TVILDIANI MEDICAL UNIVERSITY

AIETI MEDICAL SCHOOL 2/6 Ljubljana Str., Dighomi, Tbilisi 0159, Georgia

Phone: + (995 322) 516 898, Fax: + (995 322) 527 196

Email: info@dtmu.edu.ge Web: www.dtmu.edu.ge

Application Form

Personal Information

Family name _____

Given name(s) _____

Sex _____Date of Birth (___/___/_____) _____Place of birth _____

Nationality_____

Proficiency in English _____

Contact details (in your country)

Address_____

_____

City_____ Country _____Post/ Zip Code_____

Telephone_____Email_____

Passport

Passport number _____ valid till_____

Citizenship_____

How did you hear about DTMU_____

DECLARATION

I have enclosed list of following documents along with my application form

- high school diploma
- college/university diploma, transcripts, course descriptions (if available)
- recent passport size photograph
- recent medical certificate, stating that the candidate is free from any chronic and communicable disease and suitable to study in Georgia
- copies of all pages of passport

I hereby submit all available school documents with my application. I understand that my documents will be evaluated. I request the university to admit me in first year of medical education upon successful evaluation of documents.

I confirm that this declaration fully accords with my intentions, and hereby sign the application form.

signature:

Name:

Date:

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