



APPLICATION FORM



Please, print and complete black or blue clearly, scan and send by Email:

Last name -----

First name----- Middle name -----

Date of Birth, / ----- / ----- (Day, Month, Year) Place of Birth, city ----- Country-----

Sex: Male  Female  Nationality ----- Religion -----

Passport Number----- Date of Issue /----- / (Day, Month, Year) Date of Expire

Current Mailing address, building # ----- street ----- zip code -----

City ----- Country ----- Phone #-----

Fax #----- E-mail address-----

Name and Address of company (for employees) -----

Position..... Phone #----- Fax #

Marital status, Single  Married  Divorced

Dependents Information (Including Spouse & child

No.	Last Name	First Name	Age	Relationship with Applicant
1				
2				
3				
4				

Summary of Academic Background

Please, list all educational institutions after high school

No.	Name of School/University	Location (country)	Field of Study	Degree	Date of Attendance
1					
2					
3					

If you are currently studying at any institution, please complete the table below.

No.	Name of School/University	Location (country)	Field of Study	Degree	Graduation Date (expected date of graduation)
1					
2					
3					

For which level do you apply?

B.Sc. degree  M.Sc. degree  M.D. degree  Ph.D. by course

Ph.D. by research  Residency (Medical Specialty)

Interested Field of study (in order of priority)

1 .....

2 .....

3 .....

Persian Language Proficiency:

Advanced  Upper Intermediate  Intermediate  Lower Intermediate  Elementary  Beginner

English Language Proficiency:

Advanced  Upper Intermediate  Intermediate  Lower Intermediate  Elementary  Beginner

How you will be financially supported? Personal Income  Scholarship  Source of Scholarship.....

Do you have any physical disability? No  Yes  if yes, please explain.....

Certification, Application must be signed for processing.

I certify that provided complete and accurate statements on this application. To the best of my knowledge, all official documents are authentic, unalternated records that pertain to me. I understand that all official documents submitted in support of this application. I have been informed on the regulations of admittance to the Hamadan University of Medical Sciences and on the tuition fees and living expenses. I am warned that failure to report all the complete and accurate information will invalidate my application and my result in invalidity of a degree obtain if admitted.

Signature..... Date .....

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