



DAVID TVILDIANI MEDICAL UNIVERSITY

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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 _____ *

Educational Qualifications

Name of Institution_____*

Qualifying Examination_____*

Name of Certifying Board_____*

Year of Completing Higher Secondary Qualifying Examination_____*

Additional Educational Qualification (If Any)

1. _____

2. _____

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:

*Mandatory fields