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| --- | --- | --- | --- | --- |
| **\\192.168.1.102\деканаты\ОМС\Наталья\логотип.jpg** | **APPLICATION FORM** | | | |
| NAME ИМЯ  (passport data) | |  | |
| SURNAME ФАМИЛИЯ  (passport data) | |  | |
| SEX ПОЛ | |  | |
| DATE OF BIRTH ДАТА РОЖДЕНИЯ | |  | |
| PLACE OF BIRTH (country, city / town)  МЕСТО РОЖДЕНИЯ | |  | |
| HOME ADDRESS (country, city / town)  АДРЕС В СТРАНЕ ПОСТОЯННОГО ПРОЖИВАНИЯ | |  | |
| FORMER EDUCATION INSTITUTION  ПОСЛЕДНЕЕ МЕСТО ОБУЧЕНИЯ | |  | |
| DIPLOMA №  НОМЕР ДИПЛОМА | |  | |
| PHONE NUMBER НОМЕР ТЕЛЕФОНА | |  | |
| E-MAIL | |  | |
| PASSPORT №ПАСПОРТ № | |  | |
| DATE OF ISSUE ДАТА ВЫДАЧИ | |  | |
| DATE OF EXPIRY ДАТА ОКОНЧАНИЯ ДЕЙСТВИЯ | |  | |
| CITY WHERE VISA WILL BE ISSUED  ГОРОД ПОЛУЧЕНИЯ ВИЗЫ, СТРАНА | |  | |
| RELATIVES IN RF, ADDRESS, PHONE NUMBER  РОДСТВЕННИКИ В РФ, АДРЕС И ТЕЛЕФОН | |  | |
| PARENT’S CONTACT DETAILS | | FATHER | MOTHER |
| NAME  ИМЯ | |  |  |
| SURNAME  ФАМИЛИЯ | |  |  |
| HOME ADDRESS  ДОМАШНИЙ АДРЕС | |  |  |
| PHONE NUMBER ТЕЛЕФОН | |  |  |
| OCCUPATION РОД ЗАНЯТИЙ (PROFESSION ПРОФЕССИЯ) | |  |  |

Hereby I oblige myself to arrive to the Stavropol State Agrarian University no later than 40 days before visa expiration date, to come to the International Relations Office within 2 days after my arrival to the Russian Federation and to take out medical insurance policy upon arrival.

I hereby confirm that the information given is accurate and complete.

Full name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Send scanned copy of this form and your passport copy via email to [m.lyubimova@bk.ru.](mailto:m.lyubimova@bk.ru.) Please, write "*Foreign applicant (Full name, country)"* in the subject