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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 ISSUEDГОРОД ПОЛУЧЕНИЯ ВИЗЫ, СТРАНА |  |
| RELATIVES IN RF, ADDRESS, PHONE NUMBERРОДСТВЕННИКИ В РФ, АДРЕС И ТЕЛЕФОН |  |
| PARENT’S CONTACT DETAILS | FATHER | MOTHER |
| NAMEИМЯ |  |  |
| SURNAMEФАМИЛИЯ |  |  |
| HOME ADDRESSДОМАШНИЙ 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. Please, write "*Foreign applicant (Full name, country)"* in the subject