**Application form**

**Contract on paid educational services**

|  |  |  |
| --- | --- | --- |
|  | **Full name of the applicant** |  |
|  | **Date of birth** |  |
|  | **Сitizenship** |  |
|  | **Are you over 18 years old?** | Выберите элемент. |
| 1. **F**
 | **Full name of the Customer, or name of the customer's organization (payer)** | Full name of the customer:Registration address:Actual address of residence:E-mail:Tel .:Passport: series no.Issued byDate of issue:  |
| Name of company/organization:Registration address:Mailing address:E-mail:ИНН (TIN)КПП (Tax reason code)ОГРН (primary state registration number)Р\с (account):Tel .:fax (if available): |
|  | **Is there a notarized, or certified by the consulate of the Russian Federation, consent of the legal representative (parent, guardian, adoptive parent) to conclude a Contract with the minor applicant?** | Enter document number and date: |
|  | **Select the name of the field of study (specialty)** | M.D. course in General Medicine (31.05.01) – (SPETSIALITET)partly in English) |
|  | **Select the tuition fee for the 2020/2021 academic year** | 390 000 |
|  | **Payment option** | Выберите элемент. |

**Date:** Место для ввода даты. **Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**