**Consent to the processing of personal data of the applicant/entrant**

I, ,

(full name)

date of birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, passport (ID card number) (day, month, year)

issued by (if available)

 (information on the date of the document issue and on the authority that issued the document)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 ,

registered at the following place of residence:

 (information on the registered and actual place of residence)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

in accordance with article 9 of Federal Law "On personal data" dated July, 27th 2006, No 152-FZ, **grant my consent** to theFederal State Budgetary Educational Institution of Higher Education “North-Western State Medical University named after I. I. Mechnikov” of the Ministry of Healthcare of the Russian Federation (hereinafter referred to as the University), legal address: Saint-Petersburg, Kirochnaya st. 41, on processing and utilization my (Applicant’s) personal data.

 The list of personal data for the processing:

1. Full name, date and place of birth, registered place of residence, actual place of residence, series and number of the main identity document (passport), information on the date of the document issue and on the authority that issued the document (if available), copy of mentioned document.

2. Details of the insurance certificate of compulsory pension insurance (SNILS) (if available).

3. Contact number, e-mail.

1. Photo.
2. Education document, its copy.
3. Information about the state of health.
4. Contact information and any other information relating to my personality, available or known at any given time to the University.

I confirm that by giving this consent, I am acting without any coercion, by my own will and in my own interests.

The consent is given by me for the purposes of University admission (including for the purposes of signing an education contract), and, in case of my enrollment, training, and also providing information on my personal data related to training, employment and other cases, provided by the legislation of the Russian Federation, to third parties.

This consent is granted to take any actions in relation to my personal data that are necessary to achieve the above goals, including, without limitation:

- collection,

- recording,

- systematization,

- accumulation,

- storage,

- clarification (update, change),

- use,

- distribution (including disclosure),

- depersonalization,

- blocking,

- destruction,

- any other actions related to my personal data in view of the current legislation.

I know that the processing of personal data is carried out by the University on paper and electronic media using automation tools.

This consent to the processing of my personal data is valid for an unlimited period of time.

 The withdrawal of the Consent is carried out in written form by submitting it to the University.

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ /\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/

«\_\_\_\_» \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2020г.