**Application form**

**Contract on paid educational services**

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| --- | --- | --- |
|  | **Full name of the applicant** |  |
|  | **Date of birth** |  |
|  | **Сitizenship** |  |
|  | **Are you over 18 years old?** |  |
|  | **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 by  Date 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** | 404 400 |
|  | **Payment option (50% or 100%)** |  |

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