

**Federal State Budget Educational Institution of Higher Education “Kemerovo State Medical University”**

Educational license 90JO1, № 0009416, 18.08.2016

State Accreditation Certificate 90A01 №0002476, 15.11.2016, Federal Service for Supervision in Education and Science

to the rector of the Federal State Budget  
Educational Institution of Higher Education  
“Kemerovo State Medical University”  
Kan S.L.

from

Surname _____	Citizenship _____
Name _____	Passport data _____
Patronymic name _____	_____
Date of birth _____	_____
Place of birth _____	_____
_____	_____

residing at \_\_\_\_\_

phone \_\_\_\_\_  
email \_\_\_\_\_

**Statement №**

I ask you to admit me to participate in the competition for the selected specialties

№	Direction of education	Form of study	Basis for education	Category of enrollment	Type of education	Agreement to enrollment
1	31.05.01 General Medicine	intramural	Contract basis		Higher education (specialist)	Yes

Please consider the following results as entrance examinations

№	subject	points	document
1	Biology		
2	Chemistry		

inform you about myself the following:

Previous education \_\_\_\_\_ graduated (date) \_\_\_\_\_ from educational organization (name)

certificate / diploma № \_\_\_\_\_

Foreign language – English \_\_\_\_\_

I need accommodation in a hostel (Yes/No) \_\_\_\_\_

Information about my parents (surname, name, address, place of work, position)

Father \_\_\_\_\_

Mother \_\_\_\_\_

I was provided with the following documents: copy of Educational license, copy of State Accreditation Certificate, admission rules and conditions of study in this educational institution, rules for filing appeals, date of submission of the original educational document, date of submission of consent to enrollment.

I confirm the accuracy of all information about myself, provided in this statement \_\_\_\_\_

signature

I agree to the processing of my personal data \_\_\_\_\_

signature

« \_\_\_\_\_ » 20 \_\_\_\_\_ г. \_\_\_\_\_  
(date) (signature) (full name)