Nicolae Testemitanu State University of
Medicine and Pharmacy of the Republic of Moldova

Approved
Rector
MD, PhD, Professor Emil CEBAN

APPLICATION FORM

Please fill in all sections. Type or choose from drop-down lists. Print the form, sign and send the scanned copy.

To: Rector of *Nicolae Testemitanu* State University of Medicine and Pharmacy of the Republic of Moldova

Mr. Rector,

The undersigned _____ _____
(surname according to the passport) (first name according to the passport)

citizen of _____, passport No. _____
(country)

please approve my enrollment to the 1st year of *Nicolae Testemitanu* State University of Medicine and Pharmacy of the Republic of Moldova on a contract base.

Faculty Medicine, Language of study English
(select) (select)

Method of applying: through company , _____
(select) (the name of recruiting company. In case of individual application, leave empty)

Date of birth: _____ sex: Female, marital status Single
(dd.mm.yyyy) (select) (select)

Place of birth _____ _____
(country) (city)

Parent's name: father _____

mother _____

School leaving certificate No. _____, date of issue _____
(dd.mm.yyyy)

Issued by _____
(country, authority)

Permanent address: _____

_____

Tel. _____, email _____

Viber/WhatsApp/Other _____

I need hostel accommodation Yes, 1 persons in a room
(select) (select)

Person you whish to be contacted in case of emergency:

Name _____

Relationship Mother, Tel. _____,

Email _____, Country _____

I pledge myself to respect the laws of the Republic of Moldova, university and social norms and regulations. I declare that the statements made by me on this form are, to the best of my knowledge and belief, true and correct.

I express my consent that the personal data submitted be processed in accordance with Law no. 195 of 25.07.2024 Regarding the protection of personal data.

Date _____ Signature of the candidate _____
(dd.mm.yyyy)

Department of Recruitment and Documentation of Foreign Citizens	_____
Accountancy department	_____