**To the Rector of**

**S.D. Asfendiyarov Kazakh National Medical University**

**Mr. Marat Edigeevich Shoranov**

**from PhD Doctoral Student:**

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**Specialty: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
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**Thesis Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Scientific Advisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
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**APPLICATION**

**for preliminary dissertation review by DMD   
(Department of Monitoring and Dissertations)**

I kindly request to submit my dissertation for preliminary review at the DMD Department according to the established regulations.

**Attachments:**

*1. Dissertation text (PDF)*

*2. Antiplagiarism report*

*3. List of publications (Appendix 7)*

*4. Supervisor’s review*

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| **Date**  **«\_\_\_\_» \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 20\_\_\_ г.** | **PhD Doctoral Student’s signature:**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

To be completed by DMD staff:

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| **Reviewed and accepted for preliminary evaluation**  **«\_\_\_\_» \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 20\_\_\_ г.** | **DMD officer’s signature:**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |