

M.B.B.S /M.D APPLICATION FORM

Mr. / Ms. / Miss	Family Name:	First & Middle Name:	
Age:	Date of Birth:	Place of Birth:	Male / Female:
Address:			
City:		State/Province:	Postal / Zip Code:
Country of Residence:		Native Language:	Second Language:
Nationality		Passport No:	Passport Expiry Date:
Home Tel with Country & City Code () ()		Work Tel with Country & City Code () ()	Fax with Country & City Code () ()
Mobile with Country & City Code () ()		Email 1:	
Email 2:			
Occupation:		Academic Institution / Company / Employer:	
Program Name: M.B.B.S / MD (Please select one of the programs)			
Program Starting Date			

EDUCATIONAL QUALIFICATIONS

Dates		Name of Institution / School	Certificate Obtained	Marks Obtained / Total Marks	% age
From	To				
M-Y	M-Y				

What other languages have you studied?		
How did you hear about this program?		
Google Yahoo Brochure University Friend Family Newspaper Magazine Agent Other		
Other, please specify:		
Accommodation (Please Circle One): Dorm Student Flat Apartment Hotel	Please Circle One: Private Two Sharing 3 Sharing (Apartment Only)	
Accommodation Starting Date (day before start of program):	Accommodation End Date (day after the last day of program):	
For Shared Accommodation .: Do you smoke? Yes No Are you a vegetarian? Yes No	Do you prefer to live in a smoke-free room? Yes No Doesn't Matter	
Comments (i.e. Joint Application - state name of joint applicant; other requests regarding accommodation or things MNUMS should know about):		
Emergency Contact Person Name & Relationship (i.e. Father/ Mother/ Guardian):	Home Tel with Country & City Code () ()	Work Tel with Country & City Code () ()
Mobile with Country & City Code () ()	Fax with Country & City Code () ()	
Email:		
Address:		
I declare that: <ol style="list-style-type: none"> 1. The above information provided and documents given in support of my Application are complete, true and correct. 2. I agree to abide by the laws of Mongolia and agree not to engage in any illegal, political and religious activities during my academic pursuit in Mongolia. 3. I have read and I accept MNUMS's Programs Terms and Conditions. 4. I agree to observe and accept all Rules, Regulations and Conditions of the all host schools / institutes / organizations and its cooperating partners. 5. I have read and I accept the terms and conditions for the insurance and medical membership provided in Mongolia. 		
Signature of Applicant: _____ Date: _____		
Signature of Parent /Guardian: _____ Date: _____		