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

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Mr. / Ms. / Miss**  **${call}** | | | **Family Name:**  **${familyName}** | | **First & Middle Name:**  **${firstMiddleName}** | | | | |
| **Age:**  **${age}** | | | **Date of Birth: ${birthday}** | | **Place of Birth:   ${place}** | | **Male / Female: ${sex}** | | |
| **Address: ${address}** | | | | | | | | | |
| **City: ${city}** | | | | | **State/Province: ${state}** | | **Postal /**  **Zip Code: ${postal}** | | |
| **Country of Residence: ${country}** | | | | | **Native Language: ${natives}** | | **Second Language: ${secondLanguage}** | | |
| **Nationality${nationality}** | | | | | **Passport No: ${passport}** | | **Passport Expiry Date: ${date}** | | |
| **Home Tel with Country & City Code**  **${homeTel}** | | | | | **Work Tel with Country & City Code**  **${workTel}** | | **Fax with Country & City Code**  **${fax}** | | |
| **Mobile with Country & City Code**  **${mobile}** | | | | | **Email 1:**  **${email1}** | | | | |
| **Email 2: ${email2}** | | | | | | | | | |
| **Occupation:  ${occuption}** | | | | | **Academic Institution / Company / Employer:**  **${academic}** | | | | |
| **Program Name: ${program}**  **M.B.B.S / MD**  (Please select one of the programs) | | | | | | | | | |
| **Program Starting Date**  **${programDate}** | | | | | | | | | |
| **EDUCATIONAL QUALIFICATIONS** | | | | | | | | | |
| Dates | | | | **Name of Institution / School** | | Certificate Obtained | | **Marks Obtained / Total Marks** | **% age** |
| **From**  **M-Y** | **To**  **M-Y** | | |
| **${f1}** | | **${t1}** | | **${name\_school1}** | | **${certificate1}** | | **${marks1}** | **${age1}** |
| **${f2}** | | **${t2}** | | **${name\_school2}** | | **${certificate2}** | | **${marks2}** | **${age2}** |
| **What other languages have you studied? ${languages2}** | | | | | | | | | |
| **How did you hear about this program? ${hear}** | | | | | | | | | |
| **Accommodation (Please Circle One): ${accommodation}** | | | | | **Please Circle One: ${circle}** | | | | |
| **Accommodation Starting Date (day before start of program):   ${startingDate}** | | | | | **Accommodation End Date(day after the last day of program):  ${endDate}** | | | | |
| **For Shared Accommodation .:**  **Do you smoke?     ${smoke}**  **Are you a vegetarian?   ${vegetarian}** | | | | | **Do you prefer to live in a smoke-free room?         ${room}** | | | | |
| **Comments  (i.e. Joint Application - state name of joint applicant; other requests regarding accommodation or things MNUMS should know about): ${comments}** | | | | | | | | | |
| **Emergency Contact Person Name & Relationship**  **(i.e. Father/ Mother/ Guardian): ${emergency}** | | | | | **Home Tel with Country & City Code**  **${homeTel2}** | | **Work Tel with Country & City Code**  **${workTel2}** | | |
| **Mobile with Country & City Code**  **${mobileCountry}** | | | | | **Fax with Country & City Code**  **${faxCountry}** | | | | |
| **Email: ${email}** | | | | | | | | | |
| **Address: ${address2}** | | | | | | | | | |
| **I declare that:**   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:\_\_\_\_ ${app}\_\_\_\_\_\_\_\_\_  Date: \_\_\_\_\_\_${dates}\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Signature of Parent /Guardian: \_\_\_${app}\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_${dates2}\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | | |