### 

### 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**  **M-Y** | **To**  **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:**   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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | | |