

Application Form

This form is used for submission of application for enrolment at the NVU. Entries on this form should be transferred to the NVU Board for check of compliance with the enrolment criteria.

Fields marked blue indicate NVU requested information and shall not be filled, whereas yellow fields are optional.

Passport size
Photo

1. General Information

Name(s):			
Date of Birth:(dd/mm/yy):		Place of birth: (City/Country)	
Citizenship(s):		Gender: (Male/Female)	
Address:			
Phone:		Email:	
Skype:		Email (other):	

2. Information about desired program

Name of the program / qualification (major):	
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3.General (Secondary) educational:

Name of the Institution		Qualification:	
Start Date:		Date of accomplishment	
Address of the main campus of the institution:			
School leaving certificate number		Home country entitlement to pursue higher education (yes/no):	

5. NEET Qualification

Neet Score	
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4. Information about language proficiency

Date of Birth:(dd/mm/yy):		Place of birth: (City/Country)	
Citizenship(s):		Gender: (Male/Female)	

5. Permanent Address

6. Name of Intermediary institution(s) / Agent(s) supporting your applicaiton

Date of Birth:(dd/mm/yy):			
Citizenship(s):		Gender: (Male/Female)	

7. Information about preffered Medical Licensing examination (only MD Students)

USMLE (USA)	<input type="checkbox"/>	SMC (USA)	<input type="checkbox"/>
PLAB (UK)	<input type="checkbox"/>	AMC (Australia)	<input type="checkbox"/>
FMGE (INDIA)	<input type="checkbox"/>	Other:	<input type="text"/>

8. Confirm and signature:

I hereby confirm correctness and accuracy of submitted information and awareness that the provision of incorrect or inaccurate information may cause refusal of enrolment.	
Signature: _____	Date: _____