



**Nicolae Testemitanu State University of
Medicine and Pharmacy of the Republic of Moldova**

Approved
Rector
MD, PhD, Professor

Emil CEBAN

APPLICATION FORM

Please fill in all sections. Type or choose from drop-down lists. Print the form, sign and send the scanned copy.

To: Rector of *Nicolae Testemitanu* State University of Medicine
and Pharmacy of the Republic of Moldova

Mr. Rector,

The undersigned _____
(surname according to the passport) (first name according to the passport)
citizen of _____, passport No. _____
(country)

please approve my enrollment to the *Nicolae Testemitanu* State University of Medicine and Pharmacy of the Republic of Moldova on a contract base.

Faculty _____, Language of study _____
(select) (select)

Method of applying: _____, _____
(select) (the name of recruiting company. In case of individual application, leave empty)

Date of birth: _____ sex: _____, marital status _____
(dd.mm.yyyy) (select) (select)

Place of birth _____
(country) (city)

Parent's name: father _____
mother _____

School leaving certificate No. _____, date of issue _____
(dd.mm.yyyy)

Issued by _____
(country, authority)

Permanent address: _____

Tel. _____, email _____

Viber/WhatsApp/Other _____

I need hostel accommodation _____, _____ persons in a room
(select) (select)

Person you wish to be contacted in case of emergency:

Name _____

Relationship _____, Tel. _____,

Email _____, Country _____

I pledge myself to respect the laws of the Republic of Moldova, university and social norms and regulations. I declare that the statements made by me on this form are, to the best of my knowledge and belief, true and correct.

I express my consent that the personal data submitted be processed in accordance with Law no. 133 of 08.07.2011 Regarding the protection of personal data

Date _____
(dd.mm.yyyy)

Signature of the candidate _____

Department of Recruitment and Documentation of Foreign Citizens _____

Accountancy department _____