



**Hamadan University of Medical Sciences
International Affairs Office**

APPLICATION FORM

Paste Recent
Photo

Please, print and complete black or blue clearly, scan and send by Email:

Last name -----

First name ----- **Middle name** -----

Date of Birth, ----/------/------ (Day, Month, Year) **Place of Birth, city**----- **Country**-----

Sex: Male Female **Nationality** ----- **Religion** -----

Passport Number ----- **Date of Issue** ----/------/------ (Day, Month, Year) **Date of Expire** -----

Current Mailing address, building # ----- street----- zip code -----

City ----- **Country**----- **Phone #** -----

Fax #----- **E-mail address** -----

Name and Address of company (for employees) -----

Position ----- **Phone #** ----- **Fax #** -----

Marital status, **Single** **Married** **Divorced**

Dependents Information (Including Spouse & children)

No.	Last Name	First Name	Age	Relationship with Applicant
1				
2				
3				
4				

Summary of Academic Background

Please, list all educational institutions after high school

No.	Name of School/University	Location (country)	Field of Study	Degree	Date of Attendance
1					
2					
3					

If you are currently studying at any institution, please complete the table below.

No.	Name of School/University	Location (country)	Field of Study	Degree	Graduation Date (expected date of graduation)
1					
2					
3					

For which level do you apply?

B.Sc. degree M.Sc. degree M.D. degree Ph.D. by course

Ph.D. by research Residency (Medical Specially) Residency (Dentistry Specially)

MPH (Master of public health)

Interested field of study (in order of priority),

1-----

2-----

3-----

Persian Language Proficiency:

Advanced Upper Intermediate Intermediate Lower Intermediate Elementary Beginner

English Language Proficiency:

Advanced Upper Intermediate Intermediate Lower Intermediate Elementary Beginner

How you will be financially supported? Personal Income Scholarship Source of scholarship -----

Do you have any physical disability? No Yes if yes, please explain -----

Certification, Application must be signed for processing.

I certify that provided complete and accurate statements on this application. To the best of my knowledge, all official documents are authentic, unalternated records that pertain to me. I understand that all official documents submitted in support of this application. I have been informed on the regulations of admittance to the Hamadan University of Medical Sciences and on the tuition fees and living expenses. I am warned that failure to report all the complete and accurate information will invalidate my application and my result in invalidity of a degree obtain if admitted.

Signature ----- Date-----

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