



DAVID TVILDIANI MEDICAL UNIVERSITY

AIETI MEDICAL SCHOOL 2/6 Ljubljana Str., Dighomi, Tbilisi 0159, Georgia

Phone: + (995 322) 516 898, Fax: + (995 322) 527 196

Email: info@dtmu.edu.ge Web: www.dtmu.edu.ge

Application Form

Personal Information

Family name _____

Given name(s) _____

Sex _____ Date of Birth (___/___/___) _____ Place of birth _____

Nationality _____

Proficiency in English _____

Contact details (in your country)

Address _____

City _____ Country _____ Post/ Zip Code _____

Telephone _____ Email _____

Passport

Passport number _____ valid till _____

Citizenship _____

How did you hear about DTMU _____

DECLARATION

I have enclosed list of following documents along with my application form

- high school diploma
- college/university diploma, transcripts, course descriptions (if available)
- recent passport size photograph
- recent medical certificate, stating that the candidate is free from any chronic and communicable disease and suitable to study in Georgia
- copies of all pages of passport

I hereby submit all available school documents with my application. I understand that my documents will be evaluated. I request the university to admit me in first year of medical education upon successful evaluation of documents.

I confirm that this declaration fully accords with my intentions, and hereby sign the application form.

signature:

Name:

Date:



DAVID
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MEDICAL
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