



# DAVID TVILDIANI MEDICAL UNIVERSITY

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

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## 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  
TVILDIANI  
MEDICAL  
UNIVERSITY