## APPLICATION FORM

## "Student Summer Tour 2022"

28, Bunyodkor Ave., Chilanzar district, Tashkent 100185, Uzbekistan

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|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **STUDENT** | |  | | | | | | | | | |
| First Name | |  | | | | | | | | | PHOTO  3.5Cm X 4.5Cm |
| Surname | |  | | | | | | | | |
| Date of Birth | |  | | | | | | | | |
| Gender | | Male □ Female □ | | | | | | | | |
| Nationality | |  | | | | | | | | | |
| Passport Number |  | | | | Expiry Date | |  | | | | |
| Permanent address |  | | | | | | | | | | |
| Temporary address *(if any)* |  | | | | | | | | | | |
| ID number |  | | | | | | | | | | |
| Travel passport | YES □ NO □ ON PROCESS □ | | | | | | | | | | |
| Home Phone |  | | | | Mobile Phone | |  | | | | |
| Email address |  | | | | | | | | | | |
| Year of study |  | | | Programme/ University Partner | | | |  | | | |
| **PARENT/ LEGAL GUARDIAN** | | |  | | | | | | | | |
| First Name | | |  | | | | | | | | |
| Surname | | |  | | | | | | | | |
| Relation to the student | | |  | | | | | | | | |
| Permanent address | | |  | | | | | | | | |
| Temporary address *(if any)* | | |  | | | | | | | | |
| Home Phone | | |  | | | Mobile Phone | | |  | | |
| **IN CASE OF EMERGENCY** | | |  | | | | | | | | |
| First Name | | |  | | | | | | | | |
| Surname | | |  | | | | | | | | |
| Relation to the student | | |  | | | | | | | | |
| Home Phone | | |  | | | Mobile Phone | | | |  | |
| **HEALTH** | | |  | | | | | | | | |
| Is the student in good health? | | | YES □ NO □ | | | | | | | | |
| Known allergies or illnesses?  *If yes : please specify* | | | YES □ NO □  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | |
| Does the student need to take medication regularly?  *If yes : please specify* | | | YES □ NO □  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | |
| **Declaration**  I declare that all the information I have provided in support of my application is, to the best of my knowledge and belief, correct and complete. | | | | | | | | | | | |
| Signature: | | | | | | | | | | | |
| Date: DD \_\_\_\_MM \_\_\_\_\_\_YY \_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | |

**PERSONAL STATEMENT**

|  |  |  |  |
| --- | --- | --- | --- |
| **Receipt Number** |  | | |
| **For official use only** | | | |
| ***Personal Statement should not exceed 1,000 words*** | | | |
| **First Name** |  | **Surname** |  |
| **Introduction**  Please briefly describe yourself  (family upbringing, personality, special talent and skills, etc) |  | | |
| **Purpose of Application**  Application Motives |  | | |