  
Zabol University of Medical Sciences

**Administration for Admission of Foreign Students**

**International Affair,Zabol University of Medical Sciences,**

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ZBMU Student NO: ……….

(Foroffice use only)

**APPLICATION FORM**

**Please fill out this form and send it together with the necessary documents. Incomplete forms will not be processed**.

1. **PERSONAI DETALLS**

|  |  |  |
| --- | --- | --- |
| **First name** |  | **Sex:**  **Male**  **Female** |
| **Middle name** |  |
| **Last name** |  |
| **Fathers name** |  |
| **Mothers name** |  |
| **Spouses name** |  |
| **Nationality:**  **Religion:** | **Date of Birth:**  **Day: …….. Month: ………. Year: ……….** | **Marital Status:**  **Single**  **Married**  **No. of**  **Children ( If Married)** |
| **Place of Birth:**  **City: …………. Country: ………….** |
| **Passport No: …………. ………… Date of Expire: ……………………………………..**  **Date of Issue: ………………………………. Place of Issue: ………………………………………** | | |
| **Present Address :Flat: ………………………….No:………………..Street: ………………………..City:…………………………**  **Province/State: ……………………………. Postal/zip Code : ……………………………… Country:……………………….** | | |
| Telephone No: Fax No: E-mail: | | |

**B)EDUCATIONAL INFORMATION**

**1.All schools attended in chronological order**:

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Degree** | **Field of study** | **Starting Date** | **Graduation Date** | **Grade point Average** | **School/ University** | **City** | **Country** |
| **High School** |  |  |  |  |  |  |  |
| **Bachelor** |  |  |  |  |  |  |  |
| **Master** |  |  |  |  |  |  |  |

**2.Are you studying in any institution at present? Yes No**

If yes, please complete the following table.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Expected date of graduation | Starting Date | Level of education | Place of the Institute | Name of institute | Field of study |
|  |  |  |  |  |  |

3 .Desired field of study, in the order of preference.

|  |  |  |
| --- | --- | --- |
| Proposed semester | Desired field of study | |
|  |  | 1 |
|  |  | 2 |
|  |  | 3 |
|  |  | 4 |
|  |  | 5 |

4.Financial supports:

Scholarship Personal Income own family own company other

A copy of your proof scholarship must be signed and sealed by the embassy or the consulate of the Islamic Republic of Iran in your country.

5. fIuency in Language(s):

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Speaking | | | Writing | | | Reading | | | Language |
| Poor | Fair | Good | Poor | Fair | Good | Poor | Fair | Good |
|  |  |  |  |  |  |  |  |  | Persian(Farsi) |
|  |  |  |  |  |  |  |  |  | English |
|  |  |  |  |  |  |  |  |  | Arabic |
| Any other Ianguage: 1- 2- 3- | | | | | | | | | |

6.Books and ArticIes Published:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Year | publisher | Place of publication | Language | Title |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

7. Names, Addresses and Telephone Numbers of Relatives and Friends in Iran (If any):

|  |  |  |  |
| --- | --- | --- | --- |
| Address | Telephone | Relationship | Name |
|  |  |  |  |
|  |  |  |  |

9.Health certificatate:

A copy of your certificate including HIV, HBV and HCV must be signed and sealed by the embassy or the consuIate of Islmic Republic of Iran in your country.

I…………………… declare that to the best of my knowledge all particulars supplied by me are correct and complete and I am awg that any false statement will lead application being rejected or to the annulment of an admission already granted.

Applicantq' s signature………………………….Date: Day………….month………….year…………………….