

KAZAKH NATIONAL MEDICAL UNIVERSITY



NAMED AFTER S.D. ASFENDIAROV

Tolebi Street 94, ALMATY-050000 Republic of Kazakhstan Tele.-292-24-50

APPLICATION FORM

PHOTO HERE

Form No. _____

Date _____

Name of Applicant _____

Father's/Guardian's Name _____

Mother's Name _____

Date of Birth _____ Gender- Male Female Blood Group _____

E-Mail Address _____

Permanent Address _____

Percentage In class 12th (Physics, Chemistry, Biology) _____

Contact No.(Mob.) _____ Contact No.(Emergency) _____

Signature of the Applicant

GUARDIAN CERTIFICATE

I _____ certify that my son / Daughter _____ is applying for admission at **Kazakh National Medical University, Almaty, Kazakhstan** with my permission and I undertake that I will be responsible for his / her good behavior during his / her stay in the University and will accept all decisions of the University authorities in matter of admission and discipline. I will be responsible to pay all the university dues, if any, against my son / daughter. I also agree that the registration fees given is non refundable.

Name _____ Father's Name _____

Address _____

Contact No. _____

Signature of Guardian

FOR OFFICE USE ONLY

Allotted Seat No. _____

Receive Amount. _____ File no. _____