

To Chancellor of Federal State Government-Funded  
Educational Institution of Higher Education  
Volgograd State Medical University

Vladimir Shkarin

from \_\_\_\_\_  
(FULL NAME)

\_\_\_\_\_

Date of birth \_\_\_\_\_

Nationality \_\_\_\_\_

Passport No \_\_\_\_\_

Course \_\_\_\_\_ Group number \_\_\_\_\_

Phone number \_\_\_\_\_

Email \_\_\_\_\_

\_\_\_\_\_

Intermediary Agency: \_\_\_\_\_

### Application.

Please permit to issue me an invitation letter.

Attachment:

1. Application form for the invitation.
2. Passport copy.
3. Copy of the last Russian visa (YES/NO).

Signature:

Date:

To: Rector of the VolgSMU

Vladimir V. Shkarin

From: \_\_\_\_\_

Full name

The citizen of \_\_\_\_\_

Country

Firm-intermediary

\_\_\_\_\_  
E-mail \_\_\_\_\_

### Application

Hereby requesting your permission for training at:

- Pre-Medical Course
- 1 course, Faculty of General Medicine (English Medium)
- 1 course, Faculty of General Medicine (Russian Medium)
- 1 course, Faculty of Stomatology (English Medium)
- 1 course, Faculty of Stomatology (Russian Medium)
- 1 course, Faculty of Pharmacy (English Medium)
- 1 course, Faculty of Pharmacy (Russian Medium)

(please, make the point)

of the Volgograd State Medical University for academic year of 202\_\_-202\_\_ on the compensatory basis and ask you to make the Invitation Letter for entry into Russian Federation for me from September 1, 202\_\_.

The University does not guarantee any seat in the university hostels.

I have no citizenship of the Russian Federation.

I agree to process my personal data according to the order determined by the Federal Law of 27th July 2006 №152 “About personal data”.

Date

Signature

# Questionnaire

## The personal application form

*(a copy of the passport must be enclosed)*

First name \_\_\_\_\_

*in Latin alphabet*

Family name/ Surname \_\_\_\_\_

*in Latin alphabet*

Date of Birth

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*Date in the format DD MM YYYY (year in full)*

Sex (M/F) \_\_\_\_\_ Nationality \_\_\_\_\_

Country of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

*Exact place of birth (region, city)*

Country of Permanent Residence \_\_\_\_\_ region \_\_\_\_\_

Place of Visa's Issue: country \_\_\_\_\_ city \_\_\_\_\_

*Country, city, where Russian Consular Department is located*

Passport

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No

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Date of issue

Date of expiry


*Date in the format DD MM YY*

Date of Entry in Russia: \_\_\_\_\_

Have you visited the Russian Federation before? YES  NO

(if you have visited, attach a copy of the Russian visa to the application form)

Address of parents in the country of permanent residence \_\_\_\_\_

Parent's Phone \_\_\_\_\_

Intermediary (company, phone) \_\_\_\_\_

Date \_\_\_\_\_

Signature \_\_\_\_\_