



## APPLICATION FORM

### For admission to Tashkent State Dental Institute, Faculty of Medicine

#### INFORMATION ABOUT THE APPLICANT:

1. Surname. SAHOTRA
2. Name SHUBHAM
3. Patronymic \_\_\_\_\_
4. Date Of Birth(dd/mm/yyyy) 01/10/1999
5. Nationality INDIAN
6. Passport No: Series \_\_\_\_\_ N<sup>o</sup> R1806519
7. Country of Permanent Residence \_\_\_\_\_
8. Contact Information:

Full Address of Residence 🏠 Ward no. 4 ,House no 94 ,Village - Seri Nadaun ,Tehsil NADAUN , Hamirpur Himachal Pradesh 177033

E-mail address shubhamsahotranrn@gmail.com

#### 9. Information about the previous education:

Name of previous education document \_\_\_\_\_

Series \_\_\_\_\_ N<sup>o</sup> \_\_\_\_\_ Date of issue \_\_\_\_\_

Name of educational establishment \_\_\_\_\_

#### 10. For transfer students:

Name of previous university & country

OO BOGOMOLETS NATIONAL MEDICAL UNIVERSITY Ukraine

Year of first year admission 2018

Year of study and semester completed 5th ( 9th semester)



Studies at Tashkent State Dental Institute, Faculty of Medicine

1. Form of studies:  full time  part time  distance

2. Language of studies:  Uzbek  English

3. Educational Degree:  Bachelor  Specialist  Master

4. Speciality **General Medicine**

PERSONAL INFORMATIONS

1. Other Language Proficiency (if any) \_\_\_\_\_

2. Marital Status Single

3. Family Information:

3.1 Father SUSHIL SAHOTRA

\_\_\_\_\_  
(Name, surname,)

Contact number: 9817083517

3.2 Mother RADHA RANI

\_\_\_\_\_  
(Name, surname,)

Contact number: 9418668517

(with country code)

Date (dd/mm/yyyy) 22/10/1999

Signature

