



APPLICATION FORM

For admission to Tashkent State Dental Institute, Faculty of Medicine

INFORMATION ABOUT THE APPLICANT:

1. Surname SINGH
2. Name SAKSHI
3. Patronymic _____
4. Date Of Birth(dd/mm/yyyy) 03/10/2000
5. Nationality INDIAN
6. Passport No: Series S № 2150917
7. Country of Permanent Residence INDIA
8. Contact Information:
Full Address of Residence L.I.C COLONY, NAHAR PARK, DUMKA, JHARKHAND
E-mail address Sakshi9060@gmail.com

9. Information about the previous education:

Name of previous education document _____
Series _____ № _____ Date of issue _____
Name of educational establishment _____

10. For transfer students:

Name of previous university & country KYIV MEDICAL UNIVERSITY OF UAFM,
KYIV, UKRAINE
Year of first year admission 2018
Year of study and semester completed 5th yr (1st 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:

Father MANOJ KUMAR SINGH

(Name, surname,)

Contact number: (+91) 9955362344

Mother MARCELA MURMU

(Name, surname,)

Contact number: (+91) 9955670896

(with country code)

Date (dd/mm/yyyy) 22/02/2023

Signature _____