

**THE STATE UNIVERSITY OF MEDICINE AND PHARMACY  
"NICOLAE TESTEMITANU" OF THE REPUBLIC OF MOLDOVA**

**APPLICATION FORM**

The acts permit  
To be enrolled

The Vice-Rector  
For International cooperation

Approved  
Rector,

ALL TO BE FILLED IN CAPITAL LETTERS BY THE APPLICANT

To the Rector of the State University of Medicine and Pharmacy "Nicolae Testemitanu"

Mr. Rector,

1. The undersigned \_\_\_\_\_  
(the name and surname according to the passport)  
citizen of (country) \_\_\_\_\_ please approve my enrollment in the \_\_\_\_\_ year at the  
State University of Medicine and Pharmacy "Nicolae Testemitanu" on a contract base for  
payment

at the  Preparatory  Medicine  Dentistry  Pharmacy faculty.

Medium of instruction:  Romanian  English  Russian

Method of applying:  individually

through the company \_\_\_\_\_

2. Personal data:

Birth date: day \_\_\_ month \_\_\_ year \_\_\_\_\_ sex:  male  female

Marital status:  married  single

Parent's name: father \_\_\_\_\_

mother \_\_\_\_\_

The permanent address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Tel. \_\_\_\_\_

Email \_\_\_\_\_

**I pledge myself to respect the laws of Republic of Moldova, university and social norms and regulations. I declare that the statements made by me on this form are, to the best of my knowledge and belief, true and correct.**

Date \_\_\_\_\_

Signature of Candidate \_\_\_\_\_