|  |  |
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| To the Rector of FSBEI HE SamSMU  of the Ministry of Health of the Russian Federation  RAS professor  A.V. Kolsanov  Mr/Ms(country of origin, surname, name)\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Ректору ФГБОУ ВО СамГМУ  Минздрава России  профессору РАН  А.В. Колсанову  Гражданина (страна, фамилия имя)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

APPLICATION/ЗАЯВЛЕНИЕ

Please send me an invitation/Прошу пригласить меня \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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(Full name/фамилия, имя, отчество)

For the purpose of studying at/Для обучения на \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Year, department/курс, факультет)

«\_\_\_\_\_\_»\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_20\_\_\_\_г. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Signature/подпись)

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|  | **INFORMATION ABOUT THE INVITEE/**  **СВЕДЕНИЯ О ПРИГЛАШАЕМОМ ЛИЦЕ** |

|  |  |
| --- | --- |
| Surname/Фамилия | / |

Russian/русский Latin/латинский

|  |  |
| --- | --- |
| Name(s)/  Имя (Имена) | / |

Russian/русский Latin/латинский

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Date of birth/  Дата рождения: | Date/число |  | Month/месяц |  | Year/год |  | Sex/Пол |  |

|  |  |
| --- | --- |
| Citizenship (Nationality)/  Гражданство (Подданство) |  |

Country of birth/Страна рождения\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Place of birth/Место рождения\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Country of residence/Государство постоянного проживания\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Region/Регион\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Visa was obtained at/ Место получения визы: country/страна\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ city/город\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(country and city where a Russian consulate is located/страна и город, в котором имеется российское консульское загранучреждение)

Passport/Паспорт: series/серия\_\_\_\_\_\_\_\_\_\_\_ number/номер \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of issue/дата выдачи\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ valid until/действителен до \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of arrival in Russia/Предполагаемый въезд в Россию from/с \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ till/по \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **CONTACT NUMBER/**  **Контактный телефон:** | **Phone:/Тел.:** |
| **Электронная почта (e-mail):** |  |