|  |  |
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| To the Rector of FSBEI HE SamSMUof the Ministry of Health of the Russian FederationRAS professorA.V. KolsanovMr/Ms(country of origin, surname, name)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Ректору ФГБОУ ВО СамГМУМинздрава Россиипрофессору РАН А.В. КолсановуГражданина (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

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 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):** |  |