



# ASIAN MEDICAL INSTITUTE

KYRGYZ REPUBLIC

## ADMISSION FORM

### INSTRUCTIONS:

1. FILL THE ADMISSION FORM IN CAPITAL LETTERS
2. USE ONLY BLACK/BLUE BALL PEN TO FILL THE ADMISSION FORM
3. CANDIDATE SHOULD FILL THE FORM BY HIMSELF/HERSELF
4. ALL INFORMATIONS SHOULD BE FILLED CORRECTLY ACCORDING TO THE REGARDING DOCUMENTS.
5. KEEP A COPY OF FILLED ADMISSION FORM WITH YOU.

PASTE THE RECENT  
PASSPORT SIZE  
PHOTOGRAPH  
HERE

### PERSONAL INFORMATION

NAME-

D.O.B-

MALE/ FEMALE-

FATHER'S NAME-

FULL ADDRESS-

POSTAL CODE-

NATIONALITY-

COUNTRY OF BIRTH-

PASSPORT NO.-

TEL-

EMAIL-

### EDUCATIONAL BACKGROUND

CEERTIFICATE	PASSING YEAR	MARKS (%) OBTAINED
MATRIC/O LEVEL		
INTERMEDIATE/10+2		
OTHERS		

DECLARATION- I declare that to the best of my knowledge the information I have supplied in this Admission form and documentation supporting is correct and complete.

APPLICANT'S SIGNATURE-

DATE-