

“HEYDAR ALIYEV INTERNATIONAL EDUCATION GRANT PROGRAM”

2026-2027 ACADEMIC YEAR

NOMINATION FORM

Please fill with capital letters

| PERSONAL DETAILS | | | | | |
|---|--|--|--|---|--|
| First name | | | | | |
| Surname | | | | | |
| Citizenship | | | | | |
| Passport number* | | | | | |
| CONTACT DETAILS | | | | | |
| Mobile phone number (with country code) | | | | | |
| Active email address | | | | | |
| Contact person in case of emergency | | | | | |
| Mobile phone number (with country code) | | | | | |
| Active email address | | | | | |
| | | | | | |
| Educational level you want to apply for | <input type="checkbox"/> <i>Bachelor</i> | <input type="checkbox"/> <i>General Medicine</i> | <input type="checkbox"/> <i>Master</i> | <input type="checkbox"/> <i>Medical Residency</i> | <input type="checkbox"/> <i>Doctoral</i> |
| Educational programs you want to apply for: | | | | | |

****The following documents must be attached to this form:***

- Copy of the valid passport;***
- Copy of diplomas and transcripts from prior High School or Higher Education Institution;***
- Copy of the medical certificate (including HIV/AIDS, Hepatitis B/C tests).***