SCHOLARSHIP PROGRAM FOR FOREIGNERS FUNDED BY

THE GOVERNMENT OF AZERBAIJAN

**2024-2025 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** |  |
| **PROPOSED STUDY IN AZERBAIJAN** |
| **Educational level you want to apply for** | ***□ Bachelor*** | ***□ General Medicine*** | ***□ Master*** | ***□ Medical Residency*** | ***□ Doctoral*** |
| **Educational programs you want to apply for:** |  |

***\*The copy of the valid passport must be attached to this form***