

20\_\_\_/20\_\_\_ SESSION

Please fill the form in CAPITAL letters

## **PERSONAL DATA**

Full Name: Sur n				
				Middle name:
	<u> </u>			
				Date of Expire:
Present Address:				
Contact No.:		Contact E-mai	l:	
<b>ED</b>	UCAT	IONA	L BACK	KGROUND
School name:		Scho	ool address:	
College / Unive	rsity			
College / University address:  Attended Since till Received Certificate:				
Did you ever study in Russia before? Yes No If «Yes» (specify the year, course and university name)				
Did you ever study Russian language? Yes No If «Yes» when and where				
	FUT	URE	EDUC <i>A</i>	ATION
Proposed Degree program Speciality / Field of study			Masters	Ph.D/PG
Proposed University:				
1st choice:				
2nd choice:		(You can leave emp	tv and we can choose fo	r you the right university)
Want to study in medium of instruction: English Russian (if required field is not available in English then admission will be made in Russian language)				
ATTACHED DOCUMENTS				
1. Copy of passport 2	. Copies of educa	ational certificates	<b>;</b>	
I confirm that the informat	tion given on for	m is correct.		

Applicants Signature: