



Attach your photo here.

Birjand University of Medical Sciences

Administration for Admission of Foreign Students
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BUMS Student No:
(For office use only)

APPLICATION FORM

Please fill out this form and send it together with the necessary documents. Incomplete forms will not be processed.

A) PERSONAL DETAILS

First name		Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
Middle name		
Last name		
Father's name		
Mother's name		
Spouse's name		
Nationality:	Date of Birth: Day: Month: Year.....	Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> No. of children (If married)
	Religion:	
Passport No: Date of Expire:		
Date of Issue: Place of Issue:		
Present Address: Flat: No: Street: City:		
Province/State: Postal/zip Code: Country:		
.....		
Telephone No:	Fax No:	E-mail:

B) EDUCATIONAL INFORMATION

1. All schools attended in chronological order:

Degree	Field of study	Starting Date	Graduation Date	Grade Point Average	School/University	City	Country
High School							
Bachelor							
Master							

2. Are you studying in any institution at present? Yes No

