





SCHOLARSHIP PROGRAMME FOR CITIZENS OF THE OIC AND THE NAM MEMBER COUNTRIES APPLICATION FORM

*Please fill w	vith capital letter	S			
P ERSONAL I	DETAILS				
First name					
Surname _				-	РНОТО
Gender	☐ Male	☐ Female			
Marital stat	tus 🛭 Single	■ Married	☐ Divorced	☐ Widowed	
Date of birt	th	Cit	izenship		
	umber	Pas	sport Expiration	on Date	
CONTACT D	ess				
Current add					
Fax number	r		Email		
Contact per	rson in case of o	emergency			
Name, Surn	name		Relation	onship to you _	
Telenhone	numher		F-mail	1	

ACADEMIC BACKGROUND

Please list all academic institutions you have attended and qualifications you have obtained (the most recent first)

Year	Institutions	Qualification	Subject	Language of study

PROFESSIONAL EXPERIENCE

Please list the institutions where you have worked (the most recent first)

Year	Institutions	Position

KNOWLEDGE OF LANGUAGES

Please list the languages you have proficiency (rate yourself as "excellent", "good", "fair" and indicate IELTS or TOEFL test score, if you have)

Language	Speaking	Reading	Writing	Test score (if available)

PROPOSED STUDY IN AZERBAIJAN

A.	which academic que programme?	ualification wo	uld you like to o	btain within current scholarship
	☐ Bachelor	☐ Master	☐ Doctoral	☐ General medicine/residency
В.	Which subject wou	ıld you like to s	tudy?	
c.	In which language Azerbaija	-	to study? ussian 🔲 Eng	glish
D.	Please prioritise th study (refer to the		-	preference at which you would like to
1.				
2.				
3.				

STATEMENT OF PURPOSE

orogramme (no more than 50	worusj		

REFEREES

Please provide the names of two referees below who can evaluate your suitability for the program of study.

Name and surname	Institution and position	Contact details			
CHECKLIST FOR APPLICATI	ON PACKAGE				
Please be sure that you have	included the following items in your application pac	kage			
☐ Completed application	form				
☐ Diplomas and transcripts from prior high school or university studies					
☐ Curriculum Vitae (CV) or resume					
☐ Copy of international passport					
☐ Document on general health status (including HIV/AIDS, Hepatitis B and C tests)					
☐ Certificate on language proficiency (if available)					
SIGNATURE					
I confirm that the information provided in this form is accurate and correct to the best of my					
knowledge.					
Signed	Date				