

**UNIVERSITY OF NIS**  
**Faculty of Medicine**

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**ON-LINE APPLICATION FORM**

<b>STUDY FIELD:</b>		<b>MEDICINE</b>
<b>APPLICANT'S PERSONAL DATA</b>		
Family name		
Given name(s)		
Date of Birth		
Place and Country of Birth		
Nationality/Citizenship		
Sex: Male/Female		
Marital Status		
Passport information (No., issuing date)		
Country of origin		
Passport No.		
Mailing Address		
Phone:		
Fax:		
e-mail:		
Father: surname, first name, year of birth, occupation, nationality, citizenship:		
Mother: surname, first name, year of birth, occupation, nationality, citizenship:		

EDUCATIONAL HISTORY	
Secondary/High School:	
Year Finished:	
ENGLISH LANGUAGE PROFICIENCY	
Please indicate your test score (if applicable)	