

**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					
Educational level you want to apply for	<input type="checkbox"/> Bachelor	<input type="checkbox"/> General Medicine	<input type="checkbox"/> Master	<input type="checkbox"/> Medical Residency	<input type="checkbox"/> Doctoral
Educational programs you want to apply for:					

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