Ministry of Foreign Affairs
Republic of Azerbaijan

Ministry of Foreign Affairs
AIDA
Azerbaijan International Development Agency
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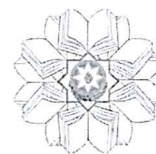
MINISTRY OF EDUCATION
REPUBLIC OF AZERBAIJAN

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

Please fill with capital letters

PERSONAL DETAILS

First name _____

Surname _____

Gender ☐ Male ☐ Female

Marital status ☐ Single ☐ Married ☐ Divorced ☐ Widowed

PHOTO

Date of birth _____ Citizenship _____
(dd/mm/yy)

Passport Number _____ Passport Expiration Date _____

CONTACT DETAILS

Home address_____
_____

Current address *(if different)* _____
_____

Home telephone number _____ Mobile phone number _____

Fax number _____ Email _____

Contact person in case of emergency

Name, Surname _____ Relationship to you _____

Telephone number _____ E-mail _____

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 qualification would you like to obtain within current scholarship programme?**

❑ Bachelor ❑ Master ❑ Doctoral ❑ General medicine/residency

B. **Which subject would you like to study?**

_____

_____

C. **Please prioritise three universities based on your preference at which you would like to study (refer to the attached list of universities).**

1. _____

2. _____

3. _____

STATEMENT OF PURPOSE

Please reflect on your interest to study in Azerbaijan, your aspiration to obtain relevant academic qualification for your proposed subject and your future plans after successful accomplishment of this programme (no more than 500 words)

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 APPLICATION PACKAGE

Please be sure that you have included the following items in your application package

❑ 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 test)

❑ 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 _____