

Faculty of Medical Sciences University of Kragujevac Svetozara Markovića 69, 34000 Kragujevac, Republic of Serbia tel: +381 34 306 800, +381 69 306 8000 fax: +381 34 306 800 web: http://medf.kg.ac.rs/

ON-LINE APPLICATION FORM

STUDY FIELD: MEDICINE	
APPLICANT'S PERSONAL DATA	
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	
TOEFL	
IELTS	
CAE	
Please indicate your test score (if applicable)	

With this application i enclose the following documentation:

birth certificate (for citizens of the Republic of Serbia)

proof of submission of original documents for recognition at the National Agency for Academic Recognition scanned original documents on completed appropriate secondary education translated into Serbian by a certified court translator

medical certificate (issued by the competent health institution),

scanned passport

certificate of knowledge of English - at least level B2 or previously completed any level of education in English (proof - diploma),

payment for the costs of the entrance exam (proof of payment of 100 € according to the payment instructions)

I understand that the Faculty of Medical Sciences University of Kragujevac reserves the right to verify the validity and accuracy of all information contained in this application. I certify that all information in this application is correct. I understand that any falsification or omission whatsoever of any information entered on/or required by this application will void my actual or prospective admission to the Faculty of Medical Sciences University of Kragujevac. Should any information in this application change after the date of signing entered below, I understand my obligation to notify Faculty of Medical Sciences University of Kragujevac immediately.

Signed by

Date