



Ministry of Foreign Affairs
Republic of Azerbaijan



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 _____

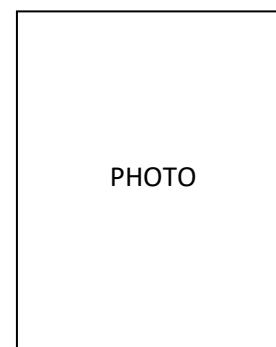
Surname _____

Gender Male Female

Marital status Single Married Divorced Widowed

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. In which language would you like to study?

- Azerbaijani Russian English

D. 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 _____