

To the acting rector of the Federal State Budgetary  
Educational Institution of Higher Education "Perm State  
Medical University named after academician E.A. Vagner"  
Ministry of Healthcare of the Russian Federation Professor  
A.S. Blagonravova

Surname \_\_\_\_\_

Name \_\_\_\_\_

Patronymic \_\_\_\_\_

Date of birth \_\_\_\_\_ year \_\_\_\_\_

Citizenship \_\_\_\_\_

Identity document \_\_\_\_\_ series \_\_\_\_\_ No. \_\_\_\_\_

Issued by: \_\_\_\_\_

Date of issue \_\_\_\_\_

Address of permanent \_\_\_\_\_

Contact number (s) \_\_\_\_\_ E- mail \_\_\_\_\_

Application form: in person / through public postal operators / by proxy / through personal account

### APPLICATION

I ask you to allow me to participate in the competition for the selected areas of training (specialty):

Area of training(speciality)	Form of study	Form of financing	Reasons for admission	Level of education

Correct (signature) \_\_\_\_\_

Previous education level:

- secondary general education  
 secondary vocational education  
 higher education

type of the confirmation document \_\_\_\_\_ series \_\_\_\_\_

No. \_\_\_\_\_ Date of issue \_\_\_\_\_ period of validity \_\_\_\_\_

educational organization \_\_\_\_\_

\_\_\_\_\_ the year of graduation \_\_\_\_\_

the foreign language being studied \_\_\_\_\_

As a citizen of the Republic of Belarus please take into account availability and count it as results introductory tests following results centralized testing:

Subject	Result	Year of the exam	Subject	Result	Year of the exam

Correct (signature) \_\_\_\_\_

Please allow me to pass the following entrance tests, as I belong to this category of foreign citizens

Subject	Date of discipline completion
Chemistry	
Biology	

Type of entrance tests  general education  
 language of taking entrance tests  English

When passing the entrance tests Not need to create special conditions

I do not need to create special conditions

I need \_\_\_\_\_

in subjects \_\_\_\_\_

Type of the confirmation document \_\_\_\_\_

series \_\_\_\_\_ No. \_\_\_\_\_ Date of issue \_\_\_\_\_ period of validity \_\_\_\_\_

In providing a place to stay in a hostel during the study period

I do not need

I need

In case of non-admission to the Federal State Educational Institution of Higher Education named after Academician E.A. Wagner, the Ministry of Healthcare of the Russian Federation, I ask you to return the originals of the submitted documents:

Personally

through a public postal operator to the specified address

in another way \_\_\_\_\_

When submitting documents personally / through public postal operators / through a proxy / consent to receive information about the progress and results of consideration of the application for admission and other applications submitted by me, the results of entrance tests (if any), ranked lists of applicants and changes made to them, information about enrollment, using super service "Admission to university online" through the federal state information system "Unified portal of state and municipal services (functions)" (provided that I have a confirmed account of the appropriate level in the federal state information system "Unified Portal of State and Municipal Services (functions)")

I give my consent

I do not give my consent

I am familiar with a copy of the license of the Federal State Educational Institution of Higher Education named after Academician E.A. Wagner, the Ministry of Healthcare of the Russian Federation for the implementation of educational activities and copies of appendices to it.

\_\_\_\_\_  
(signature)

I am familiar with the information about the special rights and benefits granted to applicants when applying for bachelor's and specialist's degree programs.

\_\_\_\_\_  
(signature)

I am familiar with the dates of completion of the acceptance of the originals of the document on education.

\_\_\_\_\_  
(signature)

I am familiar with the Rules of admission to the Federal State Educational Institution of Higher Education named after Academician E.A. Wagner, the Ministry of Healthcare of the Russian Federation for the 2023/2024 academic year, the rules for filing an appeal based on the results of entrance testing, conducted by the Federal State Educational Institution of Higher Education named after Academician E.A. Wagner, the Ministry of Healthcare of the Russian Federation independently.

\_\_\_\_\_  
(signature)

I am familiar with the documents and information, indicated in part 2 article 55 of the Federal law N273 – Federal Law.

\_\_\_\_\_  
(signature)

To personal file No.

In accordance with the Federal Law No. 152-FL of 27.07.2006 "On Personal Data", I consent to the processing of my personal data, both on paper and using automation tools, in order to participate in the competition and enroll in the Federal State Educational Institution of Higher Education named after Academician E.A. Wagner, the Ministry of Healthcare of the Russian Federation in the amount of information provided in the application.

\_\_\_\_\_  
(signature)

With the address and details of the personal data operator: "FEDERAL STATE BUDGETARY EDUCATIONAL INSTITUTION OF HIGHER EDUCATION "PERM STATE MEDICAL UNIVERSITY NAMED AFTER ACADEMICIAN E.A. WAGNER" MINISTRY OF HEALTHCARE OF THE RUSSIAN FEDERATION (FSBEI HE PSMU named after academician E.A. Wagner of the Ministry of Healthcare of the Russian Federation) TIN 5902290120/CHECKPOINT 590201001 BIC 045773001 OKPO 01963404 OGRN 1025900528873 OKATO 57401000000 St. Petropavlovsk, 26, Perm, 614990, tel. (342) 217-20-20 fax (342) 217-20-21 E-mail: rector@psma.ru

\_\_\_\_\_  
(signature)

The accuracy of the information specified in the application, as well as the authenticity of the submitted documents I confirm. I am familiar with the information about the responsibility for the accuracy of the submitted documents.

\_\_\_\_\_  
(signature)

When applying for training in places within the admission control figures for bachelor's degree programs, specialty programs – the absence of a diploma bachelor's degree, specialist's degree, master's degree I confirm.

\_\_\_\_\_  
(signature)

When applying for bachelor's degree and specialty programs, I confirm the simultaneous submission of applications for admission to no more than five higher education organizations, including the FSBEI HE PSMU named after academician E.A. Wagner Ministry of Healthcare of the Russian Federation/

\_\_\_\_\_  
(signature)

When applying for bachelor's degree programs and specialty programs when applying for admission to the FSBEI HE PSMU named after Academician E.A. - I confirm the simultaneous submission of an application for admission to this organization in no more than five specialties and (or) areas of training.

\_\_\_\_\_  
(signature)

When applying for bachelor's degree and specialty programs for places within the control figures on the basis of the right to admission without entrance tests in accordance with part 4 of Article 71 of Federal Law No.273-FZ or the right to admission without entrance tests based on the results of school Olympiads, I confirm the submission of an application for admission on the basis of the corresponding special right only to this higher education organization; when applying for admission to the FSBEI HE PSMU named after academician E.A. Wagner Ministry of Healthcare of the Russian Federation -I confirm the submission of an application for admission on the basis of the corresponding special right to only one educational program.

\_\_\_\_\_  
(signature)

I am familiar with the information about the dates and possible locations of the mandatory preliminary medical examination.

\_\_\_\_\_  
(signature)

Date of application submission « \_\_\_\_ » \_\_\_\_\_ 2023.

Signature \_\_\_\_\_

The application was accepted by the Secretary \_\_\_\_\_ / \_\_\_\_\_  
(signature) (full name)

**Priority list of enrollment to the application No. \_\_\_\_\_**

Last name \_\_\_\_\_

First name \_\_\_\_\_

Patronymic \_\_\_\_\_

Date of Birth " \_\_\_\_ " \_\_\_\_\_ year

Please take into account the following enrollment priorities for various admission conditions:

<b>Priority of enrollment</b>	<b>Direction of training(speciality)</b>	<b>Competition group/groups</b>
1		
2		
3		
4		

I have read (signature) \_\_\_\_\_

I confirm the correctness of the prioritization of enrollment (signature) \_\_\_\_\_

I was warned about the possibility of making changes to the priority list until 15.00 on October, 25th  
(signature) \_\_\_\_\_ / \_\_\_\_\_ date \_\_\_\_\_**Changes to the Enrollment Priority list**

I ask you to make the following changes to the enrollment priority list for various admission conditions^

<b>Priority of enrollment</b>	<b>Direction of training(speciality)</b>	<b>Competitive group/groups</b>
1		
2		
3		
4		

I have read (signature) \_\_\_\_\_

I confirm the correctness of the prioritization of enrollment (signature) \_\_\_\_\_

I ask you to consider the previous list of enrollment priorities invalid.

(signature) \_\_\_\_\_ / \_\_\_\_\_ date \_\_\_\_\_

I was warned about the possibility of making changes to the priority list until 15.00 on October, 25th  
(signature) \_\_\_\_\_ / \_\_\_\_\_ date \_\_\_\_\_