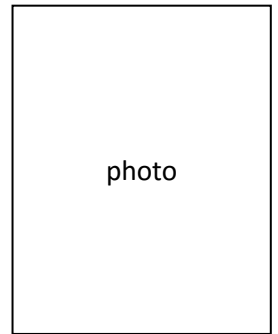




International Cyber University of Medical Sciences (ICUMS) at MNUMS



Application form

Full name:				
Passport No.				
Date of birth:				
Sex:				
E-mail address:				
Phone number:				
Other contact:				
Address:				
City:				
Country:				
Which department are you applying to?	<input type="radio"/> Department of e-Hospital Management <input type="radio"/> Department of Environmental and Occupational Health <input type="radio"/> Department of Medicine <input type="radio"/> Department of Dentistry <input type="radio"/> Department of Bio-Medicine <input type="radio"/> Department of Traditional Medicine <input type="radio"/> Department of Nursing			
Employment:				
Work Address:				
License (optional):				
№	College / University	Period		Degree
		From	Until	
1				
2				
3				

Student's Signature:

Date: 20 / /