



ROMÂNIA
MINISTERUL EDUCAȚIEI NAȚIONALE
UNIVERSITATEA DE VEST „VASILE GOLDIȘ” DIN ARAD
310025 ARAD, Bd. Revoluției nr. 94-96, tel. 0040/0257/280335, fax 0040/0257/280810,
e-mail: rectorat@uvvg.ro web: www.uvvg.ro

FACULTATEA DE MEDICINĂ

Departamentul de Pregătire în Rezidențiat și Cursuri Postuniversitare

	Statut financiar _____
	LoA _____
	OMECTS _____
	CNRED _____

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To be filled in by the International Office of the university

APPLICATION FORM

FAMILY NAME: _____

FIRST NAME: _____

PLACE AND DATE OF BIRTH: _____

FATHER'S NAME/OCCUPATION: _____

MOTHER'S NAME/OCCUPATION: _____

PASSPORT SERIES AND NUMBER: _____

PASSPORT ISSUED BY: _____ ON: _____

PERSONAL ID NUMBER (Social Security NO): _____

CITIZENSHIP: _____ ETHNICITY: _____

MARITAL STATUS: _____ SEX: M F

PRESENT OCCUPATION OR STUDIES: _____

PRESENT ADDRESS (in Arad): _____

PERMANENT ADDRESS (in home country): _____

PHONE: _____

E-MAIL ADDRESS: _____

DATE: _____

SIGNATURE: _____

TRANSFER

De la: _____

La: _____

At: _____