

COMPULSORY FOR ALL STUDENTS SPECIALTY „MEDICINE” - 6th YEAR

DECLARATION WITH UP-TO-DATE DATA

Name (s), surname according to the passport/identity card:

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Faculty №..... Specialty „Medicine”, English course, year of study: 6th

Name (s), surname (in Bulgarian):

..... Personal ID No

Place of birth (city, country):

Nationality:

ID Card/Passport №:issued on:

Address in Plovdiv:telephone No:

E-mail address:

Parent names:

Parent`s address: (country, city, post code, street):

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Parent`s telephone No:

I DECLARE THAT I AM RESPONSIBLE FOR THE ACCURACY OF THE DATA PROVIDED:

Date:

Signature:

Acknowledged:

*Registrar "Student affairs" department
Stefka Kableshkova*