**Application to the Secretariat of the Postgraduate Program**

**"Cardiovascular Disease"**

**APPLICATION FORM**

I hereby apply for admission to the Postgraduate Program in "Cardiovascular Disease"

| **SURNAME:** | .......................................................................... |

| **FIRST NAME:** | .......................................................................... |

| **FATHER'S NAME:** | .......................................................................... |

| **ID CARD NUMBER:** | .......................................................................... |

| **DATE OF BIRTH:** | .......................................................................... |

| **ADDRESS:** | .......................................................................... |

| **PHONE NUMBER:** | .......................................................................... |

| **EMAIL:** | .......................................................................... |

**Attached Documents:**

1. Application form
2. Curriculum Vitae
3. Copy of Degree(s)
4. Transcript of Records
5. Copy of ID Card
6. Proof of good knowledge of the English language (B2 level and above)
7. Scientific publications and distinctions (if any)
8. Two Letters of Recommendation (optional)
9. Other degrees (if any)
10. Personal Statement

**Application Deadline: September 13, 2024**

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