



Ministry of Foreign Affairs  
Republic of Azerbaijan



MINISTRY OF EDUCATION  
REPUBLIC OF AZERBAIJAN

**SCHOLARSHIP PROGRAMME  
FOR CITIZENS OF THE OIC AND THE NAM MEMBER COUNTRIES  
APPLICATION FORM**

*\*Please fill with capital letters*

**PERSONAL DETAILS**

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

Surname \_\_\_\_\_

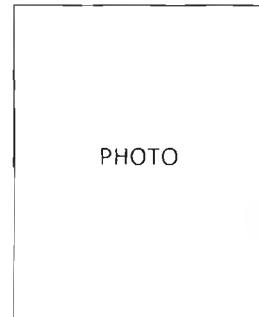
Gender  Male  Female

Marital status  Single  Married  Divorced  Widowed

Date of birth \_\_\_\_\_ Citizenship \_\_\_\_\_

*(dd/mm/yy)*

Passport Number \_\_\_\_\_ Passport Expiration Date \_\_\_\_\_



**CONTACT DETAILS**

Home address \_\_\_\_\_

Current address *(if different)* \_\_\_\_\_

Home telephone number \_\_\_\_\_ Mobile phone number \_\_\_\_\_

Fax number \_\_\_\_\_ Email \_\_\_\_\_

**Contact person in case of emergency**

Name, Surname \_\_\_\_\_ Relationship to you \_\_\_\_\_

Telephone number \_\_\_\_\_ E-mail \_\_\_\_\_

**ACADEMIC BACKGROUND**

*Please list all academic institutions you have attended and qualifications you have obtained (the most recent first)*

Year	Institutions	Qualification	Subject	Language of study

**PROFESSIONAL EXPERIENCE**

*Please list the institutions where you have worked (the most recent first)*

Year	Institutions	Position

**KNOWLEDGE OF LANGUAGES**

Please list the languages you have proficiency (rate yourself as "excellent", "good", "fair" and indicate IELTS or TOEFL test score, if you have)

Language	Speaking	Reading	Writing	Test score (if available)

**PROPOSED STUDY IN AZERBAIJAN**

A. Which academic qualification would you like to obtain within current scholarship programme?

- Bachelor     Master     Doctoral     General medicine/residency

B. Which subject would you like to study?

\_\_\_\_\_

C. In which language would you like to study?

- Azerbaijani     Russian     English

D. Please prioritise three universities based on your preference at which you would like to study (refer to the attached list of universities).

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

**STATEMENT OF PURPOSE**

*Please reflect on your interest to study in Azerbaijan, your aspiration to obtain relevant academic qualification for your proposed subject and your future plans after successful accomplishment of this programme (no more than 500 words)*

[Empty text box for writing the statement of purpose]

**REFEREES**

Please provide the names of two referees below who can evaluate your suitability for the program of study.

Name and surname	Institution and position	Contact details

**CHECKLIST FOR APPLICATION PACKAGE**

Please be sure that you have included the following items in your application package

- Completed application form
- Diplomas and transcripts from prior high school or university studies
- Curriculum Vitae (CV) or resume
- Copy of international passport
- Document on general health status (including HIV/AIDS, Hepatitis B and C tests)
- Certificate on language proficiency (*if available*)

**SIGNATURE**

I confirm that the information provided in this form is accurate and correct to the best of my knowledge.

Signed \_\_\_\_\_

Date \_\_\_\_\_