

“HEYDAR ALIYEV INTERNATIONAL EDUCATION GRANT PROGRAM”

2025-2026 ACADEMIC YEAR

NOMINATION FORM

Please fill with capital letters

PERSONAL DETAILS					
First name					
Surname					
Citizenship					
Passport number*					
CONTACT DETAILS					
Mobile phone number (with country code)					
Active email address					
Contact person in case of emergency					
Mobile phone number (with country code)					
Active email address					
Educational level you want to apply for	<input type="checkbox"/> Bachelor	<input type="checkbox"/> General Medicine	<input type="checkbox"/> Master	<input type="checkbox"/> Medical Residency	<input type="checkbox"/> Doctoral
Educational programs you want to apply for:					

***The copy of the valid passport must be attached to this form**