

Application Form FR/LED/00783/2024

Bank account no: **86249000180030306000783240**

Study: **6-year M.D. programme**

Sex: **Female**

Full name: **Nida Iliyas Badarpura**

Date of birth: **12-05-2005**

Place of birth: **Basu (India)**

Father's first name: **Iliyas** Mother's first name: **Afsana**

Permanent address: **400102 Mumbai Maharashtra (India), Pakeeza Height, Pakeeza Chs Ltd, Behram Baug, Jogeshwari West 0/803**

Address for correspondence: **682017 Ernakulam Kerala (India), Cc 36 / 1951,d 7-12, Kaloor Tower, Opp .a.j.hall, K.k.road Kaloor 0**

Phone: , Mobile: **91 8464092363**, Skype: , Email: **nidailiyasbadarpura2005@outlook.in**

Nationality: **India**, citizenship: **India**, country of permanent residence: , country of origin: **India**

Source agency: **University Admissions Office, Medical University of Gdańsk**

Passport: **Y9421180 (Indie), 2024-06-05 - 2024-06-05**

Participated in Premedical Course at MUG: **No**

Secondary school details: **Maharashtra State Board of Secondary and Higher Secondary Education, Pune (2021 - 2023)**

Secondary school certificate details: **High School Leaving Certificate, number 502305, issued 2023-07-31**

Names of the Universities attended:

Experience in scientific work:

English speaking level: **C1 - Proficient User - (Advanced)** English writing level **C1 - Proficient User - (Advanced)**

Polish speaking level: **lack** Polish writing level: **lack**

English Language Certification: **IELTS**

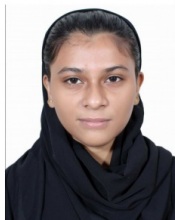
Source of financing: **other**

Anti-Hepatitis B vaccination: **Yes, three vaccinations**

Information source about University: **family, friends**

I declare that while completing the application form, I have read the full recruitment clause (including the clause on the handling of personal data) and I accept their content.

Mumbai Maharashtra 2024-06-05



(Applicant's Signature)