To Rector of Ivane Javakhishvili Tbilisi State

University — Prof.George Sharvashidze

From \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(name, surname)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Citizen

P/N #:

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(Name of the School/College/Institute)

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(Name of the City where School is Located)

**Application**

Please, consider my candidacy at Ivane Javakhishvili Tbilisi State University to enrolled at the Faculty of Medicine in the Educational Program “Dentistry”

Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_ 2021

Contact Information: Mob. ------------------------------

E-mail: