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: