

Att.: Prof. Levan Tvildiani,  
Rector

To: David Tvildiani Medical University,  
Tbilisi, Georgia

Application letter

Dear Sir,

I \_\_\_\_\_, citizen of \_\_\_\_\_, Born on \_\_\_\_\_.\_\_\_\_\_.\_\_\_\_\_,  
apply for an admission in the Medical School of your University.

Address: \_\_\_\_\_

Country: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ (If applicable)

Zip code: \_\_\_\_\_ (If applicable)

Mobile number: \_\_\_\_\_

Mail: \_\_\_\_\_

How did you find out about David Tvildiani Medical University? :

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Consider, please, the documents submitted and assist me to proceed with official procedures for an admission.

With regards,

Name and Surname of an applicant

Date

Signature