



TO THE RECTOR OF THE TASHKENT STATE DENTAL INSTITUTE

From a citizen _____
(Surname, name)

Resident of _____

(indicate the address of permanent residence)

Finished _____
(indicate the name of the educational institution)

STATEMENT

Please allow me to take the test (online) for admission to the day form of study in the speciality of education in clinical residency

From foreign languages studied _____

I provide the following information about myself: Gender _____

Date and place of birth _____

Nationality _____

Currently located: _____

Address, postal address, telephone number, telegram.

the work performed and the total work experience by the time of admission to this educational institution _____
(name and location of the enterprise, position held)

Information about parents (full name) place of residence, place of work (name of location and position, phone numbers)

Father _____

Mother _____

Additional information about me: _____

I undertake:

I can additionally tell you the following about myself:

1. I take responsibility for the accuracy and correctness of the information in this statement.
2. I will independently receive information about the time, place of entrance exams and the location of buildings through the institute's website <https://www.tsdi.uz>
3. If I am recommended by the state commission for training on a paid contract basis, I guarantee that the terms of the contract will be fulfilled on time. Otherwise, I agree that my position will be considered vacant.
4. During my clinical residency training, I strictly comply with the internal regulations and regulations of the university.

Number: _____

(e-mail): _____

“ ___ ” _____ 202__ y.

Sign _____