

Visa Application Form



Qazvin University of Medical Sciences

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|--|---------------|--|
| Name | | |
| Surname | | |
| Father's Name | | |
| Grandfather's Name (applicable to Arabs) | | |
| Date of Birth | | |
| Place of Birth | | |
| Nationality | | |
| Passport | Number | |
| | Date of Issue | |
| | Expiry Date | |
| City (in where there is an Iranian Consulate/Embassy) where you want to receive your visa | | |
| When your visa is ready, we will inform you to go to the Iranian Consulate/Embassy in the city listed here to hand in your passport and pick up your visa. Please review our website for a list of Iranian Consulates close to you | | |
| Date of Last Entry to Iran (if applicable) | | |
| Postal Address | | |
| Accepted Major at QUMS | | |
| Accepted Level at QUMS | | |
| Commencement Year of Studies | | |

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