

Tehran University of Medical Sciences, International Campus

Office of Vice Dean for Student and Cultural Affairs

**Student and Cultural Affairs Registration Form**

Date of Reception at office of student and cultural Affairs : ………………………………….

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* **Gender:** Male Female
* **First Name:**

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* **Last Name :**

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* **Father's Name:**
* **Place of birth:**  ……………………………………………………………………………………………………………………………………………….
* **Date of birth: Write the same as this format : Day /Month/Year**

………………………………………………………………………………………………………………………………………………

* **Nationality:** ………………………………………………………………………………………………………………………………………………
* **Marital Status:** **Single** **⃝ Married ⃝**
* **Residency in Iran :**

**Dormitory ⃝**

* **I have read dorms regulations and sign it ⃝**
* **Percent of dorm’s Scholarship : ……………………………………**
* **If, you check mark this part and your family members are in Iran, write their address :**

 **………………………………………………………………………………………………………………………………..**

 **Out of Dormitory** **⃝**

* **write your address in Iran please: ………………………………………………………………………………………………………………………………**
* **number of your family members that live with you in Iran : ………………………………………………………………………………………………………………………………**

**\*In case that you are single, according to the regulations you have to be in a dorm , if you have place out of dorm and you want to settle out of dormitory, please put your fingerprint below and sign here and notice that All responsibility for the consequences are with you.**

**Signature: fingerprint:**

 **………………………………………………………………………………………………………………………………………………………**

* **Major at TUMS (Field of study):** ……………………………………………………………………………………………………………………………………………….
* **Level of study at TUMS:** ………………………………………………………………………………………………………..
* **Courses : Long Course ⃝ Short Course ⃝**
* **Name of your department or school at TUMS: ………………………………………………………………….**
* **Religion** : ………………………………………………………………………………………………………………………………..
* **Have you paid for Health service (Insurance notebook) or you have scholarship for this one?**

**Paid ⃝ I have scholarship for Health service ⃝**

* **Late sport, cultural, artistic activities that you have had before?**

**……………………………………………………………………………………………………………………………………………**

* **Have you ever received any awards or certification about sport, cultural, artistic activities? (Yes or No, If yes explain)**

**……………………………………………………………………………………………………………………………………………**

* **Languages that you know well? …………………………………………………………………………………………………………………………………………**
* **Check the activities that you are interested to participate them?**

**Sport activities ⃝ Religious activities ⃝ Artistis activities ⃝ Cultural activities ⃝**

* **Iran’s cell phone number:** ……………………………………………………………………………………………………………………………………………….
* **Passport number:** ………………………………………………………………………………………………………………………………………………
* **Expiration date of your passport :** ……………………………………………………………………………………………………………………………………………….
* **Email address :**

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* **Security Wokshop Pamphlet has been read ⃝**
* **Do you have corona vaccination card?** **Yes ⃝ No ⃝ I have just vaccinated first dose⃝**

**Name of the** **corona vaccine? …………………………………………………….**

 **I have reaceived information about Dorm and it’s Facility , Dorm’s Physician, Food Service, Bank Account and ATM Card and How to get Comprehensive Code, Health Certificate and Hepatitis Vaccination Card, How to use Hospitals and Health Insurance booklet, Counseling Service, Welfare Allowance , Competitions and Cultural Activities in Dorms, Students’ Representative, TUMS’ Sport Complex, Students’ Tours, How to get Student’s Job ,Various Training Workshop at Dorms , How to Join Students’ Committee and NGOs, Security Issues, How to Contact with Officers of Student and Cultural Affairs.**

**Student 's Signature: Date:**

 **………………………………………………………………………………………………………………………………………………………**

 \* **This part will be filled by Head officer of Student and Cultural Affairs. Please fill it blank.**

**Name and Last Name which is written in the passport:**

**Name (English & Persian): ………………………………………………………………………………………………………………….**

**Last Name (English & Persian) : ……………………………………………..............................................................**

**In case of dorm’s resident , Name of the Dorm: …………………………………………………………………………………**

**Percent of Scholar ship for dorm : …………………………………………………………………………………………………….**

**Date of Reception at office of student and cultural Affairs : …………………………………………………..............**

**Medical test and vaccination form: ……………………………………………………………………………………………………**

**Student counseling form : ………………………………………………………………………………………………………………….**