Att.: Irene Shotadze, 

 Rector

To: Petre Shotadze Tbilisi Medical Academy,

Tbilisi, Georgia  **P. Shotadze Tbilisi Medical Academy**

 Address: Ketevan Tsamebuli Ave. 51/2

 Tel.: (+995 32) 2 91 24 84

Application letter

Dear Mrs,

I, ­­­­­­­­­­­­­­­­­­------------------------------------------------------------, born on --------------------------------, citizen of ------------------------------ , apply for an admission in the Medical School of your University.

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

With regards,

Date:

Signature: