



TIMBRE FICAL ICI/FISCAL STAM HERE



**FICHE D'INSCRIPTION AU CONCOURS D'ENTREE EN 1^{ère} ANNEE DE LICENCE
AU DEPARTEMENT DES SCIENCES BIOMEDICALES ET MEDICO-SANITAIRES**

**REGISTRATION FORM FOR THE COMPETITIVE ENTRANCE EXAMINATION INTO THE FIRST YEAR OF THE
BACHELOR'S DEGREE IN THE DEPARTMENT OF BIOMEDICAL AND MEDICO-SANITARY SCIENCES**

PARCOURS/FIELD OF STUDY : _____

FILIERE/PROGRAMME: _____

**PHOTO ICI
PICTURE HERE**

IDENTIFICATION//IDENTIFICATION

NOMS ET PRENOMS : _____

FAMILY NAME AND FIRST NAME

DATE DE NAISSANCE : _____ **LIEU DE NAISSANCE :** _____

DATE OF BIRTH

PLACE OF BIRTH

NATIONALITE : _____

NATIONALITY

SEXE : FEMININ ____ **MASCULIN** ____

SEX FEMALE MALE

SITUATION MATRIMONIALE : CELIBATAIRE ____ **MARIE(E)** ____

MARITAL STATUS SINGLE MARRIED

REGION D'ORIGINE : _____ **DEPARTEMENT D'ORIGINE :** _____

REGION OF ORIGIN

DIVISION OF ORIGIN

SCOLARITE/SCOLARITY

DIPLOME PRESENTE: BACCALAUREAT ____ **GCE A/L** ____

REQUIRED CERTIFICATE

SERIE/OPTION : _____ **MENTION:** _____

SPECIALITY/OPTION

GRADE

DATE D'OBTENTION : _____

OBTENTION DATE

CONTACT/CONTACT

TELEPHONE : _____

TELEPHONE

E-MAIL : _____

E-MAIL

ADRESSE POSTALE : _____

POSTAL ADDRESS