The application shall be submitted on the letterhead of the Scientific center (Research institute) with outgoing number and date

**To Director General**

**Eurasian Centre for Accreditation and**

 **Quality Assurance in Higher Education and Health Care**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**APPLICATION**

**for accreditation** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_( Scientific center/Research institute name)

Please accept the application and send a commercial proposal for **institutional** and (or) **specialized (programmatic)** \* (select) accreditation.

*\** *In case of program accreditation to submit the list of educational programmes offered by the Scientific center/Research institute* *specialized accreditation, indicating the code and the contingent of residents for each programme, as well as additional information in* ***item 6***

|  |  |  |
| --- | --- | --- |
| 1 | Name of the Scientific center/Research institute | BIN |
| 2 | Legal status | Address:Phone:e-mail: Web ite: |
| 3 | Full name of the Head of the Scientific center/Research institute |  |
| 4 | Information about the state license for educational activities according to the annex to the licensePlease provide a сopy of the license |  |
| 5 | Bank details  |

|  |
| --- |
| Individual Identification Code (IIC)Bank Identification Code (BIC) Bank details Beneficiary Code –  |

 |
| 6 | List of educational programmes of the Scientific center/Research institute including codes and number of residents for each programme to apply for specialized (programmatic) accreditation if applicable | 1.Educational programmes, with indication of code and level (residents):2. Contingent of residents:3. Has there been any resident issuance and what year was the first issuance?4. Name of the unit responsible for the educational process. |
| 7 | Information on institutional/ specialized accreditation (date, certificate validity period) |  |
| 8 | Full name, position, corporate and mobile phonenumber, e-mail of the Contact Person |  |
| 9 | Full name, corporate and mobile phone number, e-mail of the Accountant |  |

***Annex:*** *brief historical background of the Scientific center/Research institute* *on 1 page and copy of the state license and annexes to the license for the right to conduct educational activities on \_\_\_\_ sheets*

Full name and signature Head of the

Scientific center/Research institute Please apply your stamp here