For official use only		APPLICATION							Faculty stamp				
		for admission to study at Charles University											
		Bachelor's study programme Master's study programme											
		Doctoral study programme					Dat	Date of application delivery					
				Mover B				·					
			Free	Mover N	/laster	's c	courses	App	licant	regist	ration no.		
								_					
		Туре	of st	udy pro	gramr	ne	:	Nur	nber o	f atta	chments:		
		Туре	of st	udy: Fr	ee M	ove	er						
Haire weiter	Charles	. I India and		Duanua									
University Faculty		Charles University, Prague Faculty of Mathematics and Physics											
Study Programme		themat		atics air	u Pily	_		er Scienc					
Branch of study	IVIa	шешас	ics		L		Comput	ei scienc	e				
,	English												
Language	Eligiisii												
Expected duration of stu	dies (sem	esters)											
Arrival date				1									
Departure date													
	I												
First name(s)					Sex					Male	e 🔲 Female		
Surname(s)	Citizenship						ship						
Maiden name	Telephone					one no.							
Academic titles	Mobile/Cellphon						one no.						
Contact email address													
	1				ı			П					
Date of birth	Day (DE				Place of birth To								
		nth (MM)			 			Region					
	Year (Y	YYY)						Country	1				
ID card/ Passport no.													
Permanent residence	Street	treet							use number				
Permanent residence		cipality/City											
	Country							Region Postcode					
	Country	<u> </u>					1.0	bicouc					
Correspondence	Street						Н	ouse num	ber				
address (if different to		Municipality/City				Region							
permanent address)	-	Country						Postcode					
•		-											
Secondary school/High	School name												
school	Address												
	School identification/reference number												
Subjects													
Leaving/graduation year													
a	1= :							1-			Γ		
Standardized English	Test							Scor	e		Date		
language test score													

Tertiary education	University								
	Country								
	Study programme								
	Branch of study								
Dates	Studies began (date)	Studies completed (date)							
	Expected date of graduation								
Special requirements									
due to e.g. disabilities									
Other important									
information									
	1								
Payment instruction	Amount	20 EUR							
(not applicable for	Variable symbol	Forename Surname							
Free Movers)	(=payment identifier, or								
	message to beneficiary)	(substitute you	stitute your first name and last name)						
	Specific symbol								
	Account number	107-6253940217							
	Bank code	100							
	SWIFT	KOMBCZPPXXX							
	IBAN	CZ550100000107625394021							
	Beneficiary bank name	Komerční banka, a.s.							
	Beneficiary bank	Václavské nám. 42, Prague 1,							
	address	114 07, Czech Republic							
	Charges Payer to pay all bank charges								

I certify that the information given here is true to the best of my knowledge and that I have not concealed any material circumstances. I take due note that falsifying information during the admission procedure may be adequate reason for expulsion from studies (Sect. 67 of Act No.111/1998 Coll.)

Date: Applicant's signature: