



In the Name of Him, the Most High

**Registration form for the twelfth scientific olympiad of medical students  
across the country**

(Academic year 2019-2020)

**Specifications**

First name and last name: .....  
Father's name: .....  
National Code: .....  
Birth certificate ID: .....  
Student ID: .....  
Field of Study: .....  
Grade: .....  
University of study: .....  
School of study: .....  
Phone number: .....  
E-mail address: .....

**Target area:** (it is possible to select several areas)

- o The field of scientific thinking in basic sciences
- o The field of health system management
- o The field of clinical reasoning
- o Interdisciplinary field of study of humanities and health (medical philosophy)
- o The field of medical education
- o The field of entrepreneurship in the context of third millennium universities

**Contact number of the Talents and Olympiad Commission of the  
University:** 009835- 74195283-970

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