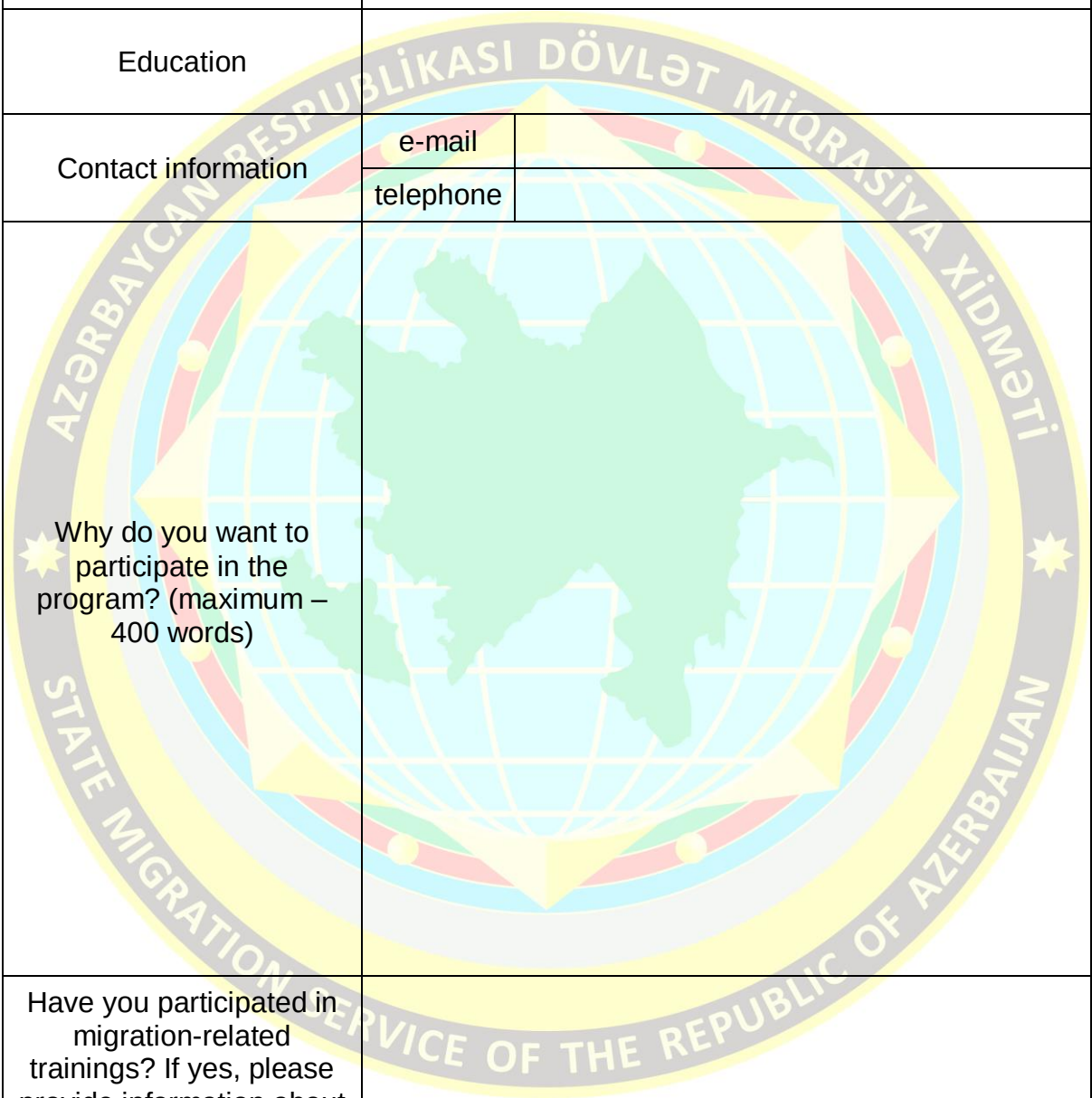


REGISTRATION FORM

Migration School

Name and surname		
Education		
Contact information	e-mail	
	telephone	
 ★ Why do you want to participate in the program? (maximum – 400 words)		
Have you participated in migration-related trainings? If yes, please provide information about the trainings.		
Additional notes		

Please send the registration form together with the required documents to the email address migrationschool@migration.gov.az by October 20, 2026.