REGISTRATION 2025/2026 2^{ND} - 6^{TH} YEAR OF STUDY will be possible until 31 October 2025

Registration for <u>repeated year of studies will be possible until 22</u> November 2025.

Students who do not register by the deadline will be considered to have given up their studies and their student status will be terminated.

Documents required

- Two application forms (ŠV forms) available from the Faculty's Bookshop
- Student book Index
- Proof of payment of tuition fee first installment, min 25%
- Proof of payment of enrollment tax

PAYMENTS

IF YOU PAY IN EURO – direct bank transfer from abroad

Name and address of the bank: National bank of Serbia, Kralja Petra 12, Beograd

<u>Full name and address of the bank account owner:</u> Faculty of Medicine Novi Sad, Hajduk Veljkova 3, Novi Sad

Account number (IBAN) with a SWIFT/BIC code:

SWIFT: NBSRRSBG

IBAN: /RS3584000000004379096

PAYMENT SCHEDULE

4-installment plan

PAYMENT DEADLINE

1 st installment 25%	On registration			
2 nd installment 25%	31 Dec 2025			
3 rd instllment 25%	10 March 2026			
4 TH installment 25%	15 August 2026			
2-installment plan				
1 st installment 50%	On registration			
2 nd installment 50%	10 March 2026			

<u>IF YOU PAY IN RS DINARS – payment possible in any bank or post office in Serbia as well as at PAYSPOT sites</u>

Tuition fees are paid to the account **840-1633666-55 ref** (*poziv na broj*) (your personal reference number from the portal)

(calculated in dinars counter value according to middle exchange rate of the National Bank of Serbia on the day of payment.

уплатилац				НАЛОГ ЗА УПЛАТУ	
IME I PREZIME, ADRESA NAME AND ADDRESS			ШИФРА ПЛАЋАЊА	RSD value in RS Dinars	
СВРХА УПЛАТЕ				840-1633666-55	
SKOLARINA - pls. indicate the amount in EURO			БРОЈ МОДЕЛА	TIO3MB HA BPOJ (OДОБРЕЊЕ) YOUR PERSONAL REFERENCE NUMBER FROM STUDENT PORTAL	
прималац					
MEDICINSKI FAKULTET NOVI SAD					
ПЕЧАТ И ПОТПИС УПЛАТИОЦА					
место и датум пријема	(1) (2)		ДАТУМ ВАЛУТЕ		
Образац бр. 1					

1. **REGISTRATION TAX**

amounting **5.500,00 dinars** is paid to the account **840-1633666-55 ref No.** (*poziv na broj*) (your personal reference number from the portal)

			НАЛОГ ЗА УПЛАТУ		
IME I PREZIME, ADRESA NAME AND ADDRESS		ШИФРА ПЛАЋАЊА	ВАЛУТА ИЗНОС RSD =5.500,00		
СВРХА УПЛАТЕ	_		840-1633666-55		
TROSKOVI UPISA		БРОЈ МОДЕЛА	ПОЗИВ НА БРОЈ (ОДОБРЕЊЕ) YOUR PERSONAL REFERENCE NUMBER FROM STUDENT PORTAL		
прималац					
MEDICINSKI FAKULTET NOVI SAD					
ПЕЧАТ И ПОТПИС УПЛАТИОЦА					
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Образац бр. 1					