Ministry of Health of the Russian Federation

Federal State-Funded Educational Institution of Higher Education

"Siberian State Medical University"

of the Ministry of Health of the Russian Federation

APPROVED BY

 Academic Council

 (minutes No \_\_\_\_ dated \_\_\_\_\_\_20\_\_ )

**REGULATIONS**

 \_\_\_\_\_\_\_\_\_\_\_\_ 20\_\_\_ No\_\_\_\_\_\_\_\_\_\_\_

Tomsk

*On* ***\_\_\_\_\_\_\_\_\_\_\_\_\_\_****(type of activity)*

**1. General terms**

1.1 Initially provided *(instead of the Regulations No\_\_\_ «Оn\_\_\_\_\_\_\_\_\_\_\_\_\_» dated 01.01.2000.*

 1.2 The Regulations on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ is set up in compliance with \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *(list the documents).*

*1.3 Types of activities regulated by the Regulations include \_\_\_\_\_\_\_\_\_\_\_\_\_\_(competitions, fests, etc.). Specify activities or describe them. The Regulations are considered to be actual for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (participants of the aforementioned activities are \_\_\_\_\_\_\_\_\_\_\_\_\_).*

*1.4 The Regulations state :*

*- aims and functions of participant departments;*

*- the order and conditions of activities.*

***2. Order of the process \_\_\_\_\_\_\_\_\_\_\_\_***

*This section specifies the aforementioned activities and the order of the process.*

***3. Rights and duties***

* 1. *Participants’ rights;*

*3.2 Participants’ duties and responsibilities.*

1. **Regulations amendments**

The amendments to the Regulations are made in accordance with p.3.2.4 of the Regulations «3.1 Documentation management».

*Additional clauses are possible:*

*- The procedure and rating criteria;*

*- Financial aspects;*

*- Release of documents, etc.*

*Position of Head Signature Full name*

Agreed by:

Academic Council Secretary *Signature*  \_\_\_\_\_\_\_\_\_\_ 202\_\_ Full name

Vice-Rector *(for…)*  *Signature*  \_\_\_\_\_\_\_\_\_\_ 202\_\_ Full name

Head of Finance Planning Department *Signature* \_\_\_\_\_\_\_\_\_\_ 202\_\_ Full name

*(If financial aspects are mentioned)*

Head of Legal Office  *Signature* \_\_\_\_\_\_\_\_\_\_ 202\_\_ Full name

Head of Front Office *Signature* \_\_\_\_\_\_\_\_\_\_ 202\_\_ Full name

 *Other officials are proposed by the Regulations initiator.*

Full name (initiator of the document)
Tel.