Attachment 2

APPLICATION FORM报名表

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **I．Name of Seminar/Training Course研修班/培训班名称** | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | |
| **II．Personal Information个人信息** | | | | | | | | | | | | | | | | | | | | |
| 1. Passport Name | | Family Name姓 | | | | | | |  | | | | | | | | | | | Photo  照片 |
| Given Name名 | | | | | | |  | | | | | | | | | | |
| 1. Sex性别 | | Male男 Female女 | | | | | | | | | | | | | | | | | |
| 1. Date of Birth出生日期 | | | | Year年\_\_\_\_Month月\_\_\_\_Date日\_\_\_\_ | | | | | | | | | | | | | | | |
| 1. Place of Birth出生地 | | | Country国家 | | | |  | | | | | | | | | | | | |
| City城市 | | | |  | | | | | | | | | | | | |
| 1. Nationality国籍 | | |  | | | | | | | 1. Passport Number护照号码 | | | | | | | | | |  |
| 1. Valid Date of Passport护照到期日 | | | | | | Year年\_\_\_\_Month月\_\_\_\_Date日\_\_\_\_ | | | | | | | | | | | | | |  |
| 1. Marital Status婚姻状况 | | | | | | Married已婚 Single未婚 Other其它 | | | | | | | | | | | | | | |
| 1. Mother Tongue母语 | | | | | |  | | | | | | | | 1. Religion宗教 | | | | | |  |
| 1. Food Abstention饮食禁忌 | | | | | |  | | | | | | | | | | | | | | |
| 1. Health Condition健康状况 | | | | | |  | | | | | | | | | | | | | | |
| 1. History of Infectious Disease有无传染性疾病史 | | | | | | | | | | | | | | | | No否 Yes是 | | | | |
| 1. History of Hypertension：有无高血压病史 | | | | | | | | | | | | | | | | No否 Yes是 | | | | |
| 1. History of Cardiovascular and Cerebrovascular Disease有无心脑血管病史 | | | | | | | | | | | | | | | | No否 Yes是 | | | | |
| 1. History of Mental Disease有无精神病史 | | | | | | | | | | | | | | | | No否 Yes是 | | | | |
| 1. Physical Disable Disease是否身体残疾 | | | | | | | | | | | | | | | | No否 Yes是 | | | | |
| 1. Pregnancy是否怀孕 | | | | | | | | | | | | | | | | No否 Yes是 | | | | |
| If yes, please specify 如有，请详细说明： | | | | | | | | | | | | | | | | | | | | |
| 1. Mail Address通信地址 | | | | | |  | | | | | | | | | | | | | | |
| 1. Cell Phone手机 | | |  | | | | | | | | | | 1. Fax传真 | | | | | |  | |
| 1. E-mail电子邮件 | | |  | | | | | | | | | | 1. Telephone电话 | | | | | |  | |
| 1. Person to Be Contacted in Emergency紧急情况联系人 | | | | | | | | | | | | | | | | |  | | | |
| 1. Phone to Be Contacted in Emergency应急电话 | | | | | | | | | | | | | | | | |  | | | |
| **III. Statement of Present Work当前工作情况** | | | | | | | | | | | | | | | | | | | | |
| 1. Name of Institute单位 | | | | | |  | | | | | | | | | | | | | | |
| 1. Date of Appointment任职日期 | | | | | | Year年\_\_\_\_Month月\_\_\_\_Date日\_\_\_\_ | | | | | | | | | | | | | | |
| 1. Job Title职务 | | | | | |  | | | | | | | | | | | | | | |
| 1. Level of position职务级别 | | | | | | Director Level司局级 | | | | | | | | | | | | | | |
| Below Director Level处级及以下 | | | | | | | | | | | | | | |
| Research or Technical Staff研究人员或技术人员 | | | | | | | | | | | | | | |
| **IV. Educational and/or Professional Qualifications教育背景及专业职称** | | | | | | | | | | | | | | | | | | | | |
| 1. Name of Last Educational Institution最终学校 | | | | | | | | | | |  | | | | | | | | | |
| 1. Years Attended在校时间 | | | | | From从 | | | Year年\_\_\_\_ | | | | | | | To到 | | | Year年\_\_\_\_ | | |
| 1. Fields of Study主修专业 | | | | | | | |  | | | | | | | | | | | | |
| 1. Working Language Proficiency工作语言熟练程度 | | | | | | | | | | | | | | | | | | | | |
| Reading读 | Excellent优秀 Good良好 Fair一般 Poor较差 | | | | | | | | | | | | | | | | | | | |
| Listening听 | Excellent优秀 Good良好 Fair一般 Poor较差 | | | | | | | | | | | | | | | | | | | |
| Writing写 | Excellent优秀 Good良好 Fair一般 Poor较差 | | | | | | | | | | | | | | | | | | | |
| Speaking说 | Excellent优秀 Good良好 Fair一般 Poor较差 | | | | | | | | | | | | | | | | | | | |
| **V. Personal Statement个人声明**  I certify that I have answered the above questions truthfully and completely to the best of my knowledge. I agree to report any relevant alteration in the information given above. 我确保以上信息填写真实、完整。如有变动，将及时通知主办方。  I pledge to observe all the Chinese laws and regulations and will respect the local customs during my stay in China for the training course.参加培训期间，我保证遵守中国法律、法规，尊重当地风俗。 | | | | | | | | | | | | | | | | | | | | |
| Signature of Applicant本人签字  Date日期  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | Both Signature and Seal of Economic & Commercial Office经商处签章  Date日期  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | |