

APPLICATION FORM FOR CHINA BEIJING INTERNATIONAL  
ACUPUNCTURE TRAINING CENTER  
(中国北京国际针灸培训中心入学申请表)

Name in full(全名) \_\_\_\_\_

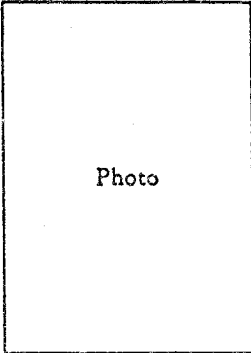
Sex(性别) \_\_\_\_\_ Nationality(国籍) \_\_\_\_\_

Date and Place of Birth(出生时间和地点) \_\_\_\_\_

Religion(宗教信仰) \_\_\_\_\_

Place of Work(工作地点) \_\_\_\_\_

Permanent Address and Tel. No.(永久住址及电话号码) \_\_\_\_\_



Present Occupation(现在职业): Medical Doctor(医生) ; Acupuncturist(针灸师) ;  
Anesthetist(麻醉师) ; Nurse(护士) ;  
Medical Student(医学院学生) ; Physiotherapist(理疗师) ;  
Others(其它) \_\_\_\_\_

Health Status(健康状况) \_\_\_\_\_

Record of Formal Schooling(学历) \_\_\_\_\_

Experience of Work(工作经历) \_\_\_\_\_

Language Known to Applicant(会何种语言) \_\_\_\_\_

Passport No.(护照号码) \_\_\_\_\_

Course Time and No. Selected(拟参加学习时间和培训班期号) \_\_\_\_\_

City Name for Applying for Visa(办理签证城市地点) \_\_\_\_\_

Others(其它) \_\_\_\_\_

Date of Application(申请日期) \_\_\_\_\_

Signature(签名) \_\_\_\_\_