

**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) _____

E-mail _____

Fax No. _____

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) _____

