

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

Family name 姓 \_\_\_\_\_ First name 名 \_\_\_\_\_

Title 称谓 \_\_\_\_\_ Sex 性别 \_\_\_\_\_

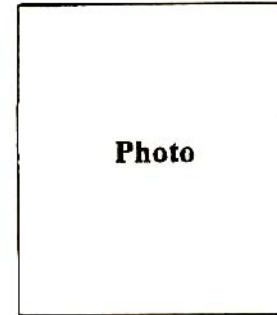
Nationality 国籍 \_\_\_\_\_

Religion 宗教信仰 \_\_\_\_\_

Tel. No. 电话 \_\_\_\_\_

Fax No. 传真 \_\_\_\_\_

E-mail \_\_\_\_\_



Date and Place of Birth 出生时间 Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

Work /Study Address 工作或学习地址 \_\_\_\_\_

Residence Address 住址 \_\_\_\_\_

Profession 职业: Medical Doctor 医生 ; Acupuncturist 针灸师 ; Nurse 护士 ;  
Anesthetist 麻醉师 ; Medical Student 医学院学生 ; Physiotherapist 理疗师 ;  
Other 其他 \_\_\_\_\_

Health Status 健康状况 \_\_\_\_\_ Degree 学历 \_\_\_\_\_

Experience of Work/Study 工作/学习经历 \_\_\_\_\_

Languages Known to Applicant 会何种语言 \_\_\_\_\_

Passport No. 护照号码 \_\_\_\_\_

Course Time and Title Selected 拟参加培训班的时间和名称 \_\_\_\_\_

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

Date of Application 申请日期 \_\_\_\_\_

Signature 签名 \_\_\_\_\_

The following content will be filled by CBIATC 以下内容由中国北京国际针灸培训中心填写  
报名号 \_\_\_\_\_

费用及付费方式 \_\_\_\_\_

宿舍预定情况 \_\_\_\_\_