

七年兼读中医专业高级文凭课程报名表格 7-year part time evening Advanced Diploma in TCM Registration Form

相片 Photo

入学年份: Year of Enrollment	

Year of Enrollment						
个人资料 (PARTICULARS)						
姓名 : 在姓氏下划线	*Mn / Ma /	Mac		*先生/小姐/女士	身份证号码: NRIC No.:	
Name In full and in capital letters. Underline Surname	*Mr / Ms / Mrs* *删除非适用 Delete where not applicable				* Pink / Blue	
出生日期: Date of Birth	出生国家: 国籍: Country of Birth Citizenship		性别:男/女 Sex:Male/Female			
地址: Home Address	·	<u>.</u>	_			
电邮地址: E-Mail Address						
联络电话: Contact Nos.	(H) (O) (HP)		(HP)			
婚姻状况: Marital Status	*未婚/已婚/离婚/丧偶(删除非适用) * Single / Married / Divorced / Widowed *Delete where not applicable					
*学历 (*ACADEMIC QUALIFICATIONS)						
就读学府/大学(国家) School College / University Attended (Country, if Overseas)		证书/专科文凭平/大学文凭 Certificate / Diploma / Degree Obtained		从(月/年) From:(Mth/Yr)	至(月/年) To:(Mth/Yr)	
*必须附上所有必要的证书和成绩副》 *COPIES OF ALL RELEVANT CE		S & DETAILED RESUL	TS SHOULD	ACCOMPANY YOUR APPLI	CATION	

职业 (PRESENT EMPLOYMENT)

MAE (TRESENT EM EOTMENT)					
机构 Name of Organization	地址 Address of Organization	职位 Position Held			

请回答以下问题 Please provide answer to the following questions.			否 No
你是否曾经被本地或国外法庭定罪	? Have you been convicted in any local or foreign court?		
你是否患有严重疾病?	Are you suffering from any critical illness?		
你是否罹患任何精神疾病?	Are you suffering from any mental illness?		
你是否为 B 型肝炎带菌者?	Are you a carrier of Hepatitis B?	·	

声明(DECLARATION)

本人声明此表格所填写的各项内容及呈交的相关文件均属实。本人已了解任何不准确或错误的资料(或资料的遗漏)均会导致 此课程申请无效,即使被录取也可能被勒令退学。

I declare that all information and those on the attached sheets are true and correct to the best of my knowledge and belief that I have not willfully suppressed any material fact. I understand that any misrepresentation or omission of facts from my application may justify denial of admission, its cancellation or expulsion from this course.

签名 Signature:	Date 日期:

办公室填写 (OFFICIAL USE)

1.	批准/不被批准入学 Approved/Rejected for Course Entry					
	原因 Reason:					
2.	报名费 Registration fee:	收据号码 Receipt no.:	经手人 Handled By/日期 Date:			