

**Bitte im Fall einer Anmeldung ausfüllen und faxen an:**

**07422 21699 oder 25519 – <http://www.akupunktura.de>**

**APPLICATION FORM FOR BEIJING INTERNATIONAL  
ACUPUNCTURE TRAINING CENTER**

**北京国际针灸培训中心入学申请表**

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

Name in Chinese (if applicable) 中文名: \_\_\_\_\_

Title 称谓 \_\_\_\_\_ Sex 性别 \_\_\_\_\_

Nationality 国籍 \_\_\_\_\_ Chinese descent 华裔: Yes  No

Religion 宗教信仰 \_\_\_\_\_

Date of birth 出生时间 Year \_\_\_\_\_ Month \_\_\_\_\_ Day \_\_\_\_\_

Passport No. 护照号码 \_\_\_\_\_ Visa number 签证号码: \_\_\_\_\_

The expiry date of passport 护照有效期: \_\_\_\_\_ (year) \_\_\_\_\_ (month) \_\_\_\_\_ (day)

The expiry date of visa 签证有效期: \_\_\_\_\_ (year) \_\_\_\_\_ (month) \_\_\_\_\_ (day)

ID number (Korean Participants only) 身份证号(韩国学员填写): \_\_\_\_\_

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

Number of entrance 入境次数: \_\_\_\_\_ Number of entourage 偕行人数: \_\_\_\_\_

Tel. No. 电话 \_\_\_\_\_ Fax No. 传真 \_\_\_\_\_

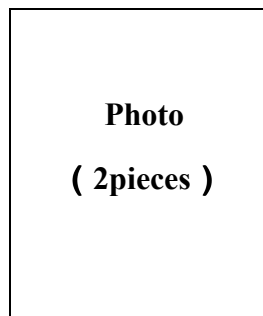
Cell phone number in China (if applicable) 手机号码: \_\_\_\_\_

E-mail 电子邮件 \_\_\_\_\_

Family relation child of diplomat Yes  No

家庭情况 child of governmental official Yes  No

Source of tuition 付费情况: self-supported  government



Permanent residence address 永久住址

\_\_\_\_\_

Temporary residence address in China 在华临时住址

\_\_\_\_\_

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 \_\_\_\_\_

Degree 学历 \_\_\_\_\_

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

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

Study Experience at CBIATC 在 CBIATC 学习经历 \_\_\_\_\_

Arrival details 到达: date: \_\_\_\_\_ time: \_\_\_\_\_ flight number: \_\_\_\_\_

Departure details 离开: date: \_\_\_\_\_ time: \_\_\_\_\_ flight number: \_\_\_\_\_

Date of Application 申请日期 \_\_\_\_\_ Signature 签名 \_\_\_\_\_