

申请学士学位课程在中国
Application for Bachelor's Degree Program in China

Application for (Name of University) _____

1. 护照用名/Passport Name 姓/Family Name: _____

名/Given Name: _____

2. 中文名（如果有）/Name in Chinese (if have): _____

3. 国籍/Nationality: _____ 护照号码/Passport No. _____

4. 出生日期/Date of birth: 年/year _____ 月/Month _____ 日/Day _____

5. 出生地点/Place of birth: 国家/Country _____ 城市/City _____

6. 男/Male 女 Female 已婚/Married 未婚/Single 其他/Other

7. 本族语/Native language: _____ 宗教信仰/Religion: _____ 职业/Occupation: _____

8. 健康状况/State of Health: _____ 身高/Height: _____ c m
重量Weight: _____ Kg, Blood Group: _____ 吸烟者/Smoker: 是 Yes 否 No

9. 永久通信地址/Permanent Address: _____

10. 当前联系地址/Present address: _____

11. 电话/Tel: _____ 传真/Fax: _____ E-mail: _____

12. 语言能力/Language Proficiency:

①汉语/Chinese: 很好/Excellent , 好/Good , 较好/Fair , 差/Poor , 不会/None

学习汉语的时间和地点/Duration and Place of Studying Chinese: _____ HSK 等级: _____

②英语/English: 很好/Excellent , 好/Good , 较好/Fair , 差/Poor , 不会/None

③其他语言/Other Language: _____

13. 最后学历/Highest Education Obtained or to Obtain: _____,

学校/Institution: _____



14. 在浙江大学学习计划/Proposed Study Plan in China: **MBBS / ENGINEERING**

①本科学习专业/ Major for Bachelor's Degree: I _____或/or II _____

②申请专业学习时间/Duration of Specified Study:

自/from: 年/Year_____月/Month_____ 至/to: 年/Year_____月/Month _____

15. 经费来源/ Source of Financial Support: 奖学金/ Scholarship , 自费/Self-Supporting , 其他/Other

16. 是否需要安排宿舍/Requirement for Residence: 学校安排/Arranged by School , 自己安排 by Myself

17. 在华事务联系人或机构/The Guarantor Charging Your Case in China:

名称/Name: OMKAR MEDICOM

电话/Tel: +8618204003870

地址/Address: China, 广西壮族自治区南宁市青秀区双拥路 22 号

18. 申请人亲属情况/Family Members of the Applicant:

姓 名/Name 年 龄/ Age 职 业 /Employment

父亲/Father : _____

母亲/Mother: _____

电 话 / T e l / M o b i l e (p a r e n t s) : _____ 地 址

/ A d d r e s s : _____

申请人保证/I hereby affirm that:

② 上述各项中所提供的情况是真实无误的/All the information given in this form is true and correct;

② 遵守中国政府的法律和学校的规章制度, 尊重学校的教学安排/ I shall abide by the laws China and the regulations of the school, and follow the teaching programs arranged by the university.

I hereby authorize Omkar Medicom, India to apply for my admission in the above mentioned university/college in China.

申请人签字/Applicant's Signature:

日期/Date: 年/Year_____月/Month_____日/Day_____

(无此签名, 申请无效/The Application Is Invalid Without the Applicant's Signature)