

# 学员报名表

## INFORMATION FORM OF PARTICIPANT (FILL IN CAPITAL LETTER)

Name Of The Seminar/Training Course: 项目名称:					
性质	官员 <input type="checkbox"/> 技术 <input type="checkbox"/>	培训时间 Seminar/Training Course Time		培训地点 Seminar/Training Course Location	
照片 Photo		姓 Family Name			
		名 First Name			
		职务 Position			
		级别 Rank Administrative	部级及以上(Minister) <input type="checkbox"/> 司局级 (Director General) <input type="checkbox"/> 处级及以下(Head Of Service Or Division) <input type="checkbox"/>		
Passport No. 护照号码					
Validity Of Passport 护照到期日					
Nationality 国籍		Name Of Institute Of Stagiaire 工作单位名称			
Sex 性别					
Language 工作语言					
Religion 宗教		Mail Address Of Institute 工作单位地址			
Food Abstention 饮食禁忌		Address Of Home 家庭住址			
Date Of Birth 出生日期					
Tel		Email			
Fax		Person To Be Contacted In Emergency 应急联络人			
Cell		Phone To Be Contacted In Emergency 应急电话			
Signature(本人签字)			Date(日期)		

驻摩洛哥经商处意见:

(经商处签章)

Date (日期)

# Health Statement

(健康声明)

I. Name of the seminar/training course (研修班/培训班名称): \_\_\_\_\_

## II. Personal Data (个人信息)

1. Surname (姓): \_\_\_\_\_

Given Name (名): \_\_\_\_\_

2. Sex (性别): ☐ male (男), ☐ female (女)

3. Date of Birth (出生日期): \_\_\_\_\_

4. Religion (宗教): \_\_\_\_\_

5. Food abstention (饮食禁忌): \_\_\_\_\_

6. Health Condition (健康状况): \_\_\_\_\_

7. History of infectious disease (有无传染性疾病史): ☐ No (无), ☐ Yes (有)

8. History of hypertension: (有无高血压病史): ☐ No (无), ☐ Yes (有)

9. History of cardiovascular and cerebrovascular disease (有无心脑血管病史): ☐ No (无), ☐ Yes (有)

10. History of mental disease (有无精神病史): ☐ No (无), ☐ Yes (有)

11. Physical disable disease (是否身体残疾): ☐ No (否), ☐ Yes (是)

12. Pregnancy (是否怀孕): ☐ No (否), ☐ Yes (是)

If yes, please specify (如有, 请详细说明): \_\_\_\_\_

## III. Personal Statement (个人声明)

I certify that I have answered the above questions truthfully and completely to the best of my knowledge. I agree to report any relevant alteration in the information given above.

I pledge to observe all the Chinese laws and regulations and will respect the local customs during my stay in China for the training course.

(我确保以上信息填写真实、完整。如有变动, 将及时通知主办方。  
参加培训期间, 我保证遵守中国法律、法规, 尊重当地风俗。)

Signature of Participant

(本人签字)

Date (日期)