

Academy of Chinese Medicine, Singapore Clinical Mentorship Programme (Overseas) Application Form

新加坡中医研究院师带徒(海外)申请表格

Please type and email the completed form as word doc to enquiry@academycms.org

All supporting documents must be submitted by post.

护照型近照 Recent Passport Size Photo

1. 个人履历 Personal Particulars

姓名 Full Name (英文 English, as in NRIC, UNDERLINE Surname)	中文 (Chinese Characters)
性别 Gender	身份证号码 NRIC No
国籍 Citizenship	出生日期/地点 Date/Place of Birth
住址 Home Address (Singapore)	
电邮 Email	电话 Tel (Home & Mobile)
婚姻状况 Marital Status	国民服役状况(若有)National Service Status (if applicable)

2. 学历 Colleges and universities attended

按年份排列,当前学府为先(请附各院校成绩报告)。Arrange in chronological order, with latest institution first (Please attach transcripts for each college or university attended)

入学年份	毕业年份	学府 / 国家 Name of	所考获学位/主修科目	荣誉学位/ Honour
Year Started	Year Awarded	Institute/Country	Degree Obtained or expected /major field	(1st class, 2nd upper or equivalent)
	斗别 (选一) Spectupuncture □	ialty (Select One) 内科 Internal	Medicine	
l. 论文与衤	蒈作 Theses and l	Publications		

5. 工作经验 Working Experience

雇主名称 Name of Employer	职位 Position	时期 Periods
A 1 11 1 A 1 1 A 1 A 1 A 1 A 1 A 1 A 1		
. 个人陈述 Personal Statement		
陈述个人喜好以及期望以中医科研为职业do describe your area/s of interest and motive		

	机密文件 Private & Confidential
7.	你对新加坡中医界有何展望?你如何为新加坡中医事业做出贡献?What would you like to do to Chinese Medicine in Singapore? How would you like to contribute to the Chinese Medicin Development?
8.	你是否有任何犯罪纪录并接受过新加坡法律的制裁?若有,请提供相关信息。 Have you ever committed a crime and was convicted under Singapore Law? If yes, please provided details.
谨.	此声明,上述所填各项皆正确无讹
I d	eclare that information given above are true and correct.

日期 Date

申请者签名 Signature of Applicant

请将清单连同以下文件一并提交至新加坡中医研究院

序	文件清单	申请者用 (请钩)	本院用
1	师带徒(海外)申请表格(电邮呈交及打印一份)		
2	护照型照片		
3	身份证 / 护照复印件		
4	新加坡中医师注册证书复印件		
5	新加坡中医师执业证书复印件		
	中医与非中医院校毕业证书		
	院校:		
6	中医与非中医院校毕业证书		
	院校:		
	中医与非中医院校毕业证书		
	院校:		
7	个人陈述		

Please submit the check list of documents together with your supporting documents

S/N	Document	For applicant's use (please tick)	Official use
1	Clinical Mentorship Programme application form (Email & Hardcopy)		
2	Passport size photo		
3	Photocopy of NRIC/Passport		
4	TCM Physician Registration Certificate		
5	TCM Physician Practising Certificate		
6	TCM institution/university and Non TCM certificate School:		
	TCM institution/university and Non TCM certificate		
	School:		
	TCM institution/university and Non TCM certificate		
	School:		
7	Personal essay		

本院专用 FOR OFFICE USE	
收到日期 (Received Date) 面试日期 (Interview Date)	
评选结果 (Results): 中选 / 落选 / 候补 Selected / Rejected / Reserved	
主任签名 Signature of Head	