

Annex 3: Application Form for Chinese Government Scholarship



中国国家留学基金管理委员会
CHINA SCHOLARSHIP COUNCIL
 中国 北京车公庄大街 9 号 A3-13 100044
 No.9 A3-13 chengongzhuang Street, Beijing
 P.R.China100044,
 Tel: 0086-10-66093900 E-mail: laihua@csc.edu.cn
 Fax:0086-10-66093915 Http://www.csc.edu.cn

CSC NO.									
派遣途径:	学生类别:								
经费办法:	学习专业:								
安排院校: 1. 2. 3.									

(The above table is only for CSC)

中国政府奖学金申请表 APPLICATION FORM FOR CHINESE GOVERNMENT SCHOLARSHIP

请申请人认真阅读本表第四页的填表说明。请用中文或英文填写此表格。请用电脑打印或用蓝色或黑色钢笔认真书写表格内容。请在所选项框内划 'X' 表示。不按规定填写的表格将视作无效。
 Please read carefully the important notes on the last page before filling out the form. Please complete the form in Chinese or English. If the form is not filled in on PC, please write legibly in black or blue ink. Please indicate with 'X' in the blank chosen. Any forms that do not follow the notes will be invalid.

1. 申请人情况/Personal Information:

护照用名/Passport Name:

姓/Family Name: _____

名/Given Name: _____

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

出生日期/Date of Birth: 年/Year _____ 月/Month _____ 日/Day _____

出生地点/Place of Birth: 国家/Country: _____ 城市/City: _____

男/Male: ☐ 女/Female: ☐ 已婚/Married: ☐ 未婚/Single: ☐ 其它/Other: ☐

母语/Native Language: _____ 宗教/Religion: _____

当前联系地址/Present Address: _____

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

永久通信地址/Permanent Address: _____

照片
Photo

2. 受教育情况/Education Background:

学校 Institutions	在校时间 Years Attended (from/to)	主修专业 Fields of Study	毕业证书及学位证书 Certificates Obtained or To Obtain
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

3. 工作经历/Employment Record:

工作单位 Employer	起止时间 Time (from/to)	从事工作 Work Engaged	职务及职称 Posts Held
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

4. 语言能力/Language Proficiency:
a).汉语/Chinese: 很好/Excellent: ☐ 好/Good: ☐ 较好/Fair: ☐ 差/Poor: ☐ 不会/None: ☐
HSK 考试等级或其他类型汉语考试成绩/ Level of HSK test or other certificates which can show your Chinese level: _____
b).英语/English: 很好/Excellent: ☐ 好/Good: ☐ 较好/Fair: ☐ 差/Poor: ☐ 不会/None: ☐
我的英语水平可以用英语学习/I can be taught in English: 是/Yes ☐ 否/No ☐
c).其他语言/Other Languages: _____
5. 来华学习计划/Proposed Study in China:
a).本科生/Bachelor's Degree Candidate: ☐ 汉语进修生/Chinese Language Student: ☐
硕士研究生/Master's Degree Candidate: ☐ 普通进修生/General Scholar: ☐
博士研究生/Doctor's Degree Candidate: ☐ 高级进修生/Senior Scholar: ☐
b).申请来华学习专业或研究专题/Subject or Field of Study in China: _____
c).申请院校/Preferences of Institutions of Higher Education in China:
I. _____ II. _____ III. _____
d).申请专业学习时间/Duration of the Major Study:
自/From: 年/Year _____ 月/Month _____ 至/To: 年/Year _____ 月/Month _____
e).是否需要补习汉语/Do You Need Elementary Chinese Study prior to the Major Study?
是/Yes: ☐ 请填写申请汉语补习时间(不计在专业学习时间内) / If 'Yes', please indicate the duration of your elementary Chinese study(not included in the length of the major study).
自/From: 年/Year _____ 月/Month _____ 至/To: 年/Year _____ 月/Month _____
否/No: ☐
6. 拟在华学习或研究的详细内容(可另附纸) / Please Describe the Details of your Study or Research Plan in China (an extra paper can be attached if this space is not enough):

7. 曾发表的主要学术论文、著作及作品/Academic Papers, Writing & Art Works Published:

8. 申请奖学金类别/Scholarship Applied:
A. 全额奖学金/Full Scholarship: ☐
B. 部分奖学金/Partial Scholarship:
学费/Tuition: ☐ 住宿费/Accommodation: ☐ 医疗费/Medical Care: ☐ 教材费/Learning Materials: ☐
9. 推荐您申请中国政府奖学金的机构或个人/Please Specify the Organization or Person Recommending you for this Scholarship: _____
10. 申请人在华事务联系人或机构/The Guarantor Charging Your Case in China:
名称/Name: _____ 电话/Tel: _____ 传真/Fax: _____
地址/Address: _____

11. 申请人是否曾在华学习或任职/Have you ever Studied or Worked in China?

是/Yes: ☐ 学习或任职单位/Institution or Employer: _____

在华时间/Time in China: 自/From: 年/Year _____ 月/Month _____ 至/To: 年/Year _____ 月/Month _____

否/No: ☐

12. 申请人亲属情况/Family Members of the Applicants:

姓名 Name	年龄 Age	职业 Employment
配偶/Spouse: _____	_____	_____
父亲/Father: _____	_____	_____
母亲/Mother: _____	_____	_____

* * * * *

• 所附材料情况(请在所附附件前划‘X’标明)/Materials Attached (Please Indicate with ‘X’ in the Bracket.):

- ☐ 申请表(一式两份)/Application Form (in duplicate).
- ☐ 两封推荐信/Two Letters of Recommendation.
- ☐ 有关中国院校接受函或录取通知书/Admission Letter or Admission Notice of Chinese Universities.
- ☐ 本人最后学历成绩单复印件(须公证,一式两份)/Transcripts of the Most Advanced Studies (Notarized Photocopy).
- ☐ 本人最后学历证书复印件(须公证,一式两份)/Diploma of the Most Advanced Studies (Notarized Photocopy):
本科/Bachelor's ☐ 硕士/Master's ☐ 博士/Doctor's ☐ 其它/Others ☐
- ☐ 外国人体格检查记录(复印件)/Foreigner Physical Examination Form (Photocopy).
- ☐ 来华学习计划/Study Plan in China.
- ☐ 所发表的文章等/Articles or Papers Written or Published.
- ☐ 美术作品(本人作品彩照六张)、音乐作品(本人音乐作品盒式录音带一盘)(只限申请美术和音乐专业的申请人)/Examples of Art (6 color pictures) and Music (1 audio tape) Work (Only for the applicants applying for Fine Arts and Music).
- ☐ 其它附件(请列出)/Other Attachments (List Needed): _____

注: 每份申请材料最多不超过 20 页, 请全部使用 A4 纸。

Each set of the complete materials should not exceed 20 pages. Please use DIN A4.

无论申请人是否被录取, 上述申请材料恕不退还。

Whether the candidates are accepted or not, all the application materials will not be returned.

• 申请人保证/I Hereby Affirm That:

- 申请表中所填写的内容和提供的材料真实无误:
All information and materials given in this form are true and correct.
- 在华期间, 遵守中国的法律、法规, 不从事任何危害中国社会秩序的、与本人来华学习身份不符合的活动:
During my stay in China, I shall abide by the laws and decrees of the Chinese government, and will not participate in any activities in China which are deemed to be adverse to the social order of China and are inappropriate to the capacity as a student.
- 来华后服从 CSC 所安排的就读院校和学习专业, 不得无故要求变更学校和所学专业:
I will agree to the arrangements of my institution and specialty of study in China made by CSC, and will not apply for any changes in these two fields without valid reasons.
- 在学期间, 遵守学校的校纪、校规, 全力投入学习和研究工作。尊重学校的教学安排:
During my study in China, I shall abide the rules and regulations of the host university, and concentrate on my studies and researches, and follow the teaching programs arranged by the university.
- 按照规定参加中国政府奖学金年度评审:
I shall go through the procedures of the Annual Review of Chinese Government Scholarship Status as required.
- 按规定期限修完学业, 按期回国, 不无故在华滞留:
I shall return to my home country as soon as I complete my scheduled program in China, and will not extend my stay without valid reasons.
- 如违反上述保证而受到中国法律、法规或校纪、校规的惩处, 我愿意接受中国国家留学基金管理委员会中止或取消奖学金及其它相应的处罚。
If I am judged by the Chinese laws and decrees and the rules and regulations of the university as having violated any of the above, I will not lodge any appeal against the decision of CSC on suspending, or withdrawing my scholarship, or other penalties.

申请人签字/Signature of the Applicant: _____ 日期/Date: _____

(无此签名, 申请无效/The application is invalid without the applicant's signature)

Annex 4 Physical Examination Record for Foreigner

外国人体格检查表

FOREIGNER PHYSICAL EXAMINATION FORM

姓名 Name		性别 Sex	<input type="checkbox"/> 男 Male <input type="checkbox"/> 女 Female	出生日期 Birthday		照片 (加盖检查单位印章)																																										
现在通讯地址 Present mailing address						Photo (Stamped Official Stamp)																																										
国籍或地区 Nationality (or Area)		出生地 Birth place		血型 Blood type																																												
<p>过去是否患有下列疾病: (每项后面请回答“否”或“是”) Have you ever had any of the following diseases? (Each item must be answered “Yes” or “No”)</p> <table border="0"> <tr> <td>班疹 伤寒</td> <td>Typhus fever</td> <td><input type="checkbox"/> No <input type="checkbox"/> Yes</td> <td>菌 痢</td> <td>Bacillary dysentery</td> <td><input type="checkbox"/> No <input type="checkbox"/> Yes</td> </tr> <tr> <td>小儿麻痹症</td> <td>Poliomyelitis</td> <td><input type="checkbox"/> No <input type="checkbox"/> Yes</td> <td>布氏杆菌病</td> <td>Brucellosis</td> <td><input type="checkbox"/> No <input type="checkbox"/> Yes</td> </tr> <tr> <td>白 喉</td> <td>Diphtheria</td> <td><input type="checkbox"/> No <input type="checkbox"/> Yes</td> <td>病毒性肝炎</td> <td>Viral hepatitis</td> <td><input type="checkbox"/> No <input type="checkbox"/> Yes</td> </tr> <tr> <td>猩 红 热</td> <td>Scarlet fever</td> <td><input type="checkbox"/> No <input type="checkbox"/> Yes</td> <td>产褥期链球</td> <td>Puerperal streptococcus infection</td> <td></td> </tr> <tr> <td>回 归 热</td> <td>Relapsing fever</td> <td><input type="checkbox"/> No <input type="checkbox"/> Yes</td> <td>菌 感 染</td> <td></td> <td><input type="checkbox"/> No <input type="checkbox"/> Yes</td> </tr> <tr> <td>伤寒和付伤寒</td> <td colspan="2">Typhoid and paratyphoid fever</td> <td colspan="2"></td> <td><input type="checkbox"/> No <input type="checkbox"/> Yes</td> </tr> <tr> <td>流行性脑脊髓膜炎</td> <td colspan="2">Epidemic cerebrospinal meningitis</td> <td colspan="2"></td> <td><input type="checkbox"/> No <input type="checkbox"/> Yes</td> </tr> </table>							班疹 伤寒	Typhus fever	<input type="checkbox"/> No <input type="checkbox"/> Yes	菌 痢	Bacillary dysentery	<input type="checkbox"/> No <input type="checkbox"/> Yes	小儿麻痹症	Poliomyelitis	<input type="checkbox"/> No <input type="checkbox"/> Yes	布氏杆菌病	Brucellosis	<input type="checkbox"/> No <input type="checkbox"/> Yes	白 喉	Diphtheria	<input type="checkbox"/> No <input type="checkbox"/> Yes	病毒性肝炎	Viral hepatitis	<input type="checkbox"/> No <input type="checkbox"/> Yes	猩 红 热	Scarlet fever	<input type="checkbox"/> No <input type="checkbox"/> Yes	产褥期链球	Puerperal streptococcus infection		回 归 热	Relapsing fever	<input type="checkbox"/> No <input type="checkbox"/> Yes	菌 感 染		<input type="checkbox"/> No <input type="checkbox"/> Yes	伤寒和付伤寒	Typhoid and paratyphoid fever				<input type="checkbox"/> No <input type="checkbox"/> Yes	流行性脑脊髓膜炎	Epidemic cerebrospinal meningitis				<input type="checkbox"/> No <input type="checkbox"/> Yes
班疹 伤寒	Typhus fever	<input type="checkbox"/> No <input type="checkbox"/> Yes	菌 痢	Bacillary dysentery	<input type="checkbox"/> No <input type="checkbox"/> Yes																																											
小儿麻痹症	Poliomyelitis	<input type="checkbox"/> No <input type="checkbox"/> Yes	布氏杆菌病	Brucellosis	<input type="checkbox"/> No <input type="checkbox"/> Yes																																											
白 喉	Diphtheria	<input type="checkbox"/> No <input type="checkbox"/> Yes	病毒性肝炎	Viral hepatitis	<input type="checkbox"/> No <input type="checkbox"/> Yes																																											
猩 红 热	Scarlet fever	<input type="checkbox"/> No <input type="checkbox"/> Yes	产褥期链球	Puerperal streptococcus infection																																												
回 归 热	Relapsing fever	<input type="checkbox"/> No <input type="checkbox"/> Yes	菌 感 染		<input type="checkbox"/> No <input type="checkbox"/> Yes																																											
伤寒和付伤寒	Typhoid and paratyphoid fever				<input type="checkbox"/> No <input type="checkbox"/> Yes																																											
流行性脑脊髓膜炎	Epidemic cerebrospinal meningitis				<input type="checkbox"/> No <input type="checkbox"/> Yes																																											
<p>是否患有下列危及公共秩序和安全的病症: (每项后面请回答“否”或“是”) Do you have any of the following diseases or disorders endangering the public order and security? (Each item must be answered “Yes” or “No”)</p> <table border="0"> <tr> <td>毒物瘾</td> <td>Toxicomania</td> <td>.....</td> <td><input type="checkbox"/> No <input type="checkbox"/> Yes</td> </tr> <tr> <td>精神错乱</td> <td>Mental confusion</td> <td>.....</td> <td><input type="checkbox"/> No <input type="checkbox"/> Yes</td> </tr> <tr> <td>精神病</td> <td>Psychosis:</td> <td>躁狂型 Manic psychosis</td> <td>.....<input type="checkbox"/> No <input type="checkbox"/> Yes</td> </tr> <tr> <td></td> <td></td> <td>妄想型 Paranoid psychosis</td> <td>.....<input type="checkbox"/> No <input type="checkbox"/> Yes</td> </tr> <tr> <td></td> <td></td> <td>幻觉型 Hallucinatory</td> <td>.....<input type="checkbox"/> No <input type="checkbox"/> Yes</td> </tr> </table>							毒物瘾	Toxicomania	<input type="checkbox"/> No <input type="checkbox"/> Yes	精神错乱	Mental confusion	<input type="checkbox"/> No <input type="checkbox"/> Yes	精神病	Psychosis:	躁狂型 Manic psychosis <input type="checkbox"/> No <input type="checkbox"/> Yes			妄想型 Paranoid psychosis <input type="checkbox"/> No <input type="checkbox"/> Yes			幻觉型 Hallucinatory <input type="checkbox"/> No <input type="checkbox"/> Yes																						
毒物瘾	Toxicomania	<input type="checkbox"/> No <input type="checkbox"/> Yes																																													
精神错乱	Mental confusion	<input type="checkbox"/> No <input type="checkbox"/> Yes																																													
精神病	Psychosis:	躁狂型 Manic psychosis <input type="checkbox"/> No <input type="checkbox"/> Yes																																													
		妄想型 Paranoid psychosis <input type="checkbox"/> No <input type="checkbox"/> Yes																																													
		幻觉型 Hallucinatory <input type="checkbox"/> No <input type="checkbox"/> Yes																																													
身高 Height	厘米 CM	体重 Weight	公斤 Kg	血压 Blood pressure	毫米汞柱 mmHg																																											
发育情况 Development		营养情况 Nourishment		颈部 Neck																																												
视力 左 L _____ Vision 右 R _____		矫正视力 左 L _____ Corrected vision 右 R _____		眼 Eyes																																												
辨色力 Colour sense		皮肤 Skin		淋巴结 Lymph nodes																																												
耳 Ears		鼻 Nose		扁桃体 Tonsils																																												
心 Heart		肺 Lungs		腹部 Abdomen																																												

脊柱 Spine		四肢 Extremities		神经系统 Nervous system																	
其他所见 Other abnormal findings																					
胸部 X 线 检查结果 (附检查报告单) Chest X-ray exam (attached chest X-ray report)			心电图 ECG																		
化验室检查 (包括艾滋病、 梅毒等血清学检查) Laboratory exam (attached test report of AIDS, Syphilis etc)																					
未发现患有以下检疫传染病和危害公共健康的疾病: None of the following diseases of disorders found during the present examination. <table><tr><td>霍乱</td><td>Cholera</td><td>性病</td><td>Venereal Disease</td></tr><tr><td>黄热病</td><td>Yellow fever</td><td>肺结核</td><td>Lung tuberculosis</td></tr><tr><td>鼠疫</td><td>Plague</td><td>艾滋病</td><td>AIDS</td></tr><tr><td>麻风</td><td>Leprosy</td><td>精神病</td><td>Psychosis</td></tr></table>						霍乱	Cholera	性病	Venereal Disease	黄热病	Yellow fever	肺结核	Lung tuberculosis	鼠疫	Plague	艾滋病	AIDS	麻风	Leprosy	精神病	Psychosis
霍乱	Cholera	性病	Venereal Disease																		
黄热病	Yellow fever	肺结核	Lung tuberculosis																		
鼠疫	Plague	艾滋病	AIDS																		
麻风	Leprosy	精神病	Psychosis																		
意 见 Suggestion			检查单位盖章 Official Stamp																		
医师签字 Signature of physician			日期 Date																		