**Annex 2**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Belt and Road Master Program on Intellectual Property  (BRIPC Master Program)  **APPLICATION FORM**  **IMPORTANT NOTES:** | | | | | | | | | | |
| \* Please complete the form electronically in English.  \* Please note that CNIPA will take both the applicant’s willingness and the admission requirements of the collaborative universities into account to decide his/her admitting university. Once admitted, applicants are not allowed to transfer between the collaborative universities.  \* The submitted application form (scan copy in pdf format) MUST contain the recommendation comments of the national IP office of the application’s country along with the signature of an executive official in the relevant capacity and the stamp of the national IP office. | | | | | | | | | | |
| 1. **Personal Information** | | | | | | | | | | |
| 1-1 Name of the Applicant  \*Your name must be the same as the name in your passport. | 1-1(1)  First Name |  | | | | | | (Color picture, passport style) | | |
| 1-1(2)  Middle Name |  | | | | | |
| 1-1(3)  Family Name |  | | | | | |
| 1-2  Gender  (Male/Female) |  | 1-3  Date of Birth | Day/Month/Year | | | 1-4  Place of Birth | |  | | |
| 1-5  Nationality |  | | | | | | | | | |
| 1-6  E-mail |  | | | | | | | | | |
| 1-7  Office Phone |  | | | | | | | | | |
| 1-8  Mobile |  | | | | | | | | | |
| 1-9  Passport Number |  | | | 1-10  Date of Issue | Day/ Month/ Year | | | | | |
|  | ／ |  | | ／ |  |
| Note: Please attach a scan copy of the personal data page (with picture) on your passport | | | 1-11  Date of Expiry | Day/ Month/ Year | | | | | |
|  | ／ |  | | ／ |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | | | | | | |
| **2. Present Employer** | | | | | | |
| 2-1 Name of Employer | Note: Please fill in the name of your present employer | | | | | |
|  | | | | | |
| 2-2  Brief Introduction to Employer | Note: Please fill in a brief introduction to your present employer, e.g. the time of establishment, location, main business, number of employees, etc. | | | | | |
|  | | | | | |
| 2-3 Type of Employer | Note: Please select Public Sector or Private Sector first. Then choose the appropriate one from the list. | | | | | |
|  | **Public Sector** | |  | **Private sector** | |
|  |  | Government agency | |  | Private company | |
|  | Government-funded company | |  | Business association | |
|  | Public institution | |  | Law firm/IP agency | |
|  | Other: (Please specify) | |  | Other: (Please specify) | |
| 2-4  Present job title/position |  | | | | | |
| 2-5  Description of duties and responsibilities in present position |  | | | | | |
| 2-6  Training programs taken in past 10 years | Time | | Name of training | | | Organized by |
|  | |  | | |  |
|  | |  | | |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **3. Employment Record** | | | | | | |  |  |  |  | |  |  |  |  |  |  |  |  |  | |  |
| 3-1 Name of Employers | | | | | | Years of Service | | | | | | | Position | | | | Job Description | | | |
|  | | | | | | From | | | Present | | | |  | | | |  | | | |
| Month/Year | | |
|  | ／ |  |  | | | |
|  | | | | | | From | | | To | | | |  | | | |  | | | |
| Month/Year | | | Month/Year | | | |
|  | ／ |  |  | ／ | |  |
|  | | | | | | From | | | To | | | |  | | | |  | | | |
| Month/Year | | | Month/Year | | | |
|  | ／ |  |  | ／ | |  |
|  | | | | | | From | | | To | | | |  | | | |  | | | |
| Month/Year | | | Month/Year | | | |
|  |  |  |  |  | |  |
|  | | | | | | From | | | To | | | |  | | | |  | | | |
| Month/Year | | | Month/Year | | | |
|  |  |  |  |  | |  |
| 3-2 Years of total working experience | | | | | |  | | | years | | | | 3-3 Years of total working experience relating to IP | | | |  | | | years |
| **4. Language Proficiency**  Please indicate your language proficiency. (Select only one number for each language.) | | | | | | | | | | | | | | | | | | | |
| English | | Chinese | | | | | | | | Level of Proficiency | | | | | | | | | | |
|  | |  | | | | | | | | 5: Able to actively participate in debates | | | | | | | | | | |
| 4: Able to follow lectures well and participate in discussion | | | | | | | | | | |
|  |  |  |  |  | | | | | | 3: Able to follow most of lectures | | | | | | | | | | |
|  |  |  |  |  | | | | | | 2: Able to carry out daily conversation | | | | | | | | | | |
|  |  |  |  |  | | | | | | 1: Do not understand | | | | | | | | | | |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **5. Statement of Applicant**  I hereby affirm that:  1. I volunteer to apply for the Belt and Road Master Program on Intellectual Property (BRIPC Master Program).  2. All information and materials given in this form are true and correct.  3. I will agree to the arrangements of my institution and specialty of study in China as determined by CNIPA, and will not apply for any changes in these two fields without valid reasons.  4. 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. | | | | | | | | | | |
|  |  |  |  | Name of Applicant: | | |  | | | |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  | Signature: | |  | | | | |
|  |  |  |  |  |  |  |  |  |  |  |

**6. Recommendation by National IP Office**

**Recommendation comments (to be filled by the national IP authority/office making the recommendation)**

**In view of the above, I hereby recommend the above candidate to apply for the Belt and Road Master Program on Intellectual Property (BRIPC Master Program).**

Name of National IP Office

Name and Position of Recommending Official

Signature and Stamp