

Application for Member of WFCMS Specialty Committee and Working Committee (Self recommendation or recommendation)
世界中联专业（工作）委员会成员申请表（自荐或推荐）

Name of the Specialty Committee and Working Committee:
 拟加入的专业（工作）委员会：**肿瘤外治法专业委员会**

Name 姓名		Educational Institution & Degree 最后学历及毕业院校			1 Inch Photo 一寸证件照
Sex 性别		Major and Specialty 专业及专长			
Birth Date 出生年月		Professional Title 职称		Job Title 职务	
Language and Proficiency 使用语种及熟练程度				Nationality 国籍	
Work Unit 工作单位		Fax No. 传真		Telephone No. 电话	
Mailing address 通讯地址		E-mail 电子邮件		Mobile 手机	
Brief introduction to your professional career 个人学习、工作经历					
Time 时间	Work Unit 单位			Job Title 职务	
Academic achievement & Main Papers and publications 学术成就及主要论著：					
Opinion from your unit 所在单位意见		Title in Committee 拟任会内职务		Comments and Seal of WFCMS 世界中联学会联合会 审查意见及签章：	
Signature / Official seal (签名、盖章)		Signature of Chairperson (会长签名)			
Date: _____年_____月_____日		Date: _____年_____月_____日			

Note: Please fill the form in both Chinese and English, and have the form stamped by your work unit's Personnel Department. The line width can be adjusted according to contents. And then scanned it and submit online system <http://124.207.153.205/67.html>
 注：表格中英文填写，加盖本单位人事章。行数不够请自行添加。单位盖章后扫描电子版上传系统 <http://124.207.153.205/67.html>