

Application for Member of Council Board of WFCMS International Alliance (Self recommendation or recommendation)

世界中联***产业发展委员会理事会入会申请表(自荐或推荐)

Name of the International Alliance:

拟加入的产业发展委员会:

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				Country 国别
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	
Career Achievement 工作业绩:				
Opinion from your unit 所在单位意见		Title in the Council 拟任理事会职务	Comments and Seal of WFCMS 世界中医药学会联合会 审查意见及签章:	
Signature / Official seal (签名、盖章)		Signature of Chairperson (理事长签名)		
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. Submit two 2 inch photos, two 1 inch photos and a photocopy of your identification certificate. Please write your name on the reverse side of each photo, The line width can be adjusted according to contents.

注: 表格中英文填写, 加盖本单位人事章, 交表附本人 2 寸证件照 2 张、1 寸证件照 2 张 (照片背面注明姓名) 及身份证复印件 (含身份证正反面), 行数不够请自行添加。