|  |  |
| --- | --- |
| 3 BRICS Cardiovascular Health Innovation Center （BCHIC）Visiting Scholar Application Form**金砖心血管健康创新中心访问学者申请表** 2999 Jinshan RoadXiamen, 361006 ChinaEmail: BRICS@xmheart.comTel: 86-0592-2293077 |  |

**1. Personal Details 个人信息**

**Photo**

**照片**

**(Please kindly email us a high quality photo of yours along with the application form)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  | **Family Name****姓** |  | **Date of Birth****出生日期****Religion****宗教信仰** |  |
| **Given Names****名** |  |  |
| **Gender****性别** |  | **Title/ Position****职务** |  |
| **Citizenship****国籍** |  | **Organization****工作单位** |  |

**2. Contact Details 联络信息**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Mailing Address** | 书信地址 |  |  | Tel. (home)家庭电话 |  |
| Street街道: |  |  | Tel. (work)工作电话 |  |
|  |  | Emergency Contact紧急联系人 |  |
|  |  | Fax传真 |  |
| City/County:城市 |  |  | Email电子邮箱 |  |
| Postcode:邮政编码 |  | Country:国家 |  |  |  |  |

**3. Visa Information 签证信息**

|  |  |
| --- | --- |
| Passport Number护照号码 |  |
| Do you need invitation letter for visa application?是否需要我方提供签证邀请函？ | [ ] Yes (Please fill in the following blank)[ ] No (Please feel free to skip the next blank) |
| **Embassy/Consulate General/ Consulate for your visa application:**  |

**4. Educational Background 教育背景**

|  |
| --- |
| **Highest Academic Degree: \_\_\_\_\_\_\_\_\_\_\_\_\_, Area: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Year: \_\_\_\_\_\_\_\_\_\_\_\_\_** **最高学历 专业领域 获得年份** **Institution awarding this degree: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****授予学位机构** |

**5 Academic Specialty Areas 学术能力**

|  |
| --- |
| **Please provide a brief statement outlining your fields of specialty and particular areas of research interest. Please attach a copy of your curriculum vitae （with a list of publications ）to this form.** **请简述学术背景及研究特长、并随表提交个人简历（含研究成果清单）。** |

**6 Visiting Proposal 访问计划**

|  |
| --- |
|  **Your proposed activities at BCHIC** **您在中心的活动计划**  |

**7 Period of Visit 访学时间**

From : (day) (month) (year)

To : (day) (month) (year)

**8 Declaration 个人声明**

 **I hereby declare that all the information provided by me is correct and true in all respects. I will have the BRICS Cardiovascular Health Innovation Center (BCHIC) as one of my affiliated institutes when publishing works based on my research visit at BCHIC.**

 **本人郑重声明，本人所提供的所有申报材料与信息全部属实。本人在发表基于本次研究访问的成果时，亦将把金砖心血管健康创新中心列为本人工作单位之一。**

 **Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **时间 Mon Day Year 签名**

**9 Where did you hear about the program? 您从何处了解到本项目？**

|  |
| --- |
|  |

**Please send your signed application form along with your CV, research proposal, a picture of yours and a recommendation letter to:**

BRICS Cardiovascular Health Innovation Center

Xiamen Cardiovascular Hospital

2999 Jinshan Road

Xiamen, 361006

China

Email: BRICS@xmheart.com

Tel: 86-592-2293077