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| 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 Road  Xiamen, 361006 China  Email: BRICS@xmheart.com  Tel: 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)**

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|  |  | **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**

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| **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**

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| 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**

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| **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**

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| **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**

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| **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？**

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**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](mailto:BRICS@xmheart.com)

Tel: 86-592-2293077