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| 2厦心logo横短BRICS Cardiovascular Health Innovation CenterHeart Sapling Visiting Scholar Program Application Form No.2999 Jinshan RoadXiamen, 361009 ChinaEmail: office@xmheart.comTel: 86-0592-2292333 |  |

**1. Personal Details**

**Photo**

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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  | **Family Name** |  | **Date of Birth****Religion** |  |
| **Given Names** |  |  |
| **Gender** |  | **Title/ Position** |  |
| **Citizenship** |  | **Institute** |  |

**2. Contact Details**

|  |  |  |  |
| --- | --- | --- | --- |
| **Mailing Address** |  | Tel. (home) |  |
|  |  | Tel. (work) |  |
|  | Mobile No. |  |
|  | Emergency Contact |  |
| City/County: |  |  | Email |  |
| Postcode: |  | Country: |  |  | Instant Messaging Contact |  |

**3. Visa Information**

|  |  |
| --- | --- |
| Passport Number |  |
| Do you need invitation letter for visa application? | [ ] Yes (Please fill in the following blank)[ ] No (Please feel free to skip the next blank) |
| **Embassy/Consulate General/ Consulate for your visa application（Name and Address）:**  |

**4. Educational Background**

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| --- | --- | --- | --- | --- |
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**Highest Academic Degree:**

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| --- |
|  |

**Area:**

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| --- |
|  |

**Year:**

|  |
| --- |
|  |

**Institution awarding this degree:**  |

**5 Academic Specialty Areas**

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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.**  |

**6 Visiting Proposal**

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|  **Your proposed activities at XMCH**  |

**7 Period of Visit**

From : (day) (month) (year)

To : (day) (month) (year)

**8 Declaration**

 **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.**

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

**9 How did you hear about us?**

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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, 361009

China

Email: office@xmheart.com Tel: 86-592-2292333