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| 2厦心logo横短  BRICS Cardiovascular Health Innovation Center  Heart Sapling Visiting Scholar Program Application Form  No.2999 Jinshan Road  Xiamen, 361009 China  Email: office@xmheart.com  Tel: 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**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| |  | | --- | |  |  **Highest Academic Degree:**   |  | | --- | |  |  **Area:**   |  | | --- | |  |  **Year:**   |  | | --- | |  |  **Institution awarding this degree:** |

**5 Academic Specialty Areas**

|  |
| --- |
| **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