**Committee (Self recommendation or recommendation)**

## 世界中联专业（工作）委员会成员申请表(自荐或推荐)

Name of the Specialty Committee and Working Committee： 拟加入的专业（工作）委员会：

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| --- | --- | --- | --- | --- |
| 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 |
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| Academic achievement & Main Papers and publications 学术成就及主要论著： |
| Opinion from your unit所在单位意见Signature／0fficial seal(签名、盖章)Date: 年 月 日 | Title in Committee拟任会内职务 |  | Comments and Seal of WFCMS世界中医药学会联合会审查意见及签章： |
| Signature of Chairperson(会长签名)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 electronic photo, and a photocopy of your identification certificate. 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，交表附本人电子证件照 1 张（照片名称注明姓名）及身份证扫描件

（含身份证正反面），行数不够请自行添加。