**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。