

Foto

Photo

照片 **\*\*)**

Langwiesstrasse 7

5330 Bad Zurzach

Schweiz /Switzerland

Tel: +41 56 269 66 05

Fax: +41 56 269 66 09

E-Mail: [info@tcmuni.ch](mailto:info@tcmuni.ch)

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Anmeldeformular**  **application form**  **报名表格** | | | | | | | | | | | | **Bachelor of Science in TCM | 中医学士学历课程**  **Master of Science in TCM | 中医硕士课程**  **Doctor/PhD of Science in TCM | 中医博士课程** | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Persönliche Daten | Personal details | 个人资料** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Familienname  Last name  护照姓 |  | | | | | | | Vorname  First name  护照名 | | | |  | | | | | | | E-Mail  电子信箱 | |  | | | | | |
| Natinonalität/  Nationality  国籍 |  | | | | | | | Geburtsdatum  Date of birth  出生日期 | | | |  | | | | | | |  | ID Nr. | ID card no. |身份证号  Reisepass-Nr. | passport no. | 护照号码 | | | | | | |
|  |  | | | | | | |
| Geschlecht  Gender  性别 | W |女性  M |男性  D | 中性 | | | | | | | Zivilstand  Marital Status  婚姻 | | | | Ledig | Single |单身  Verheiratet | Married |已婚  Geschieden | Divorced |离异 | | | | | | | | | | Tel.-Nr.  Tel.-no.  电话 | | |  | |
| Adresse  Address  地址 | Strasse, Haus-Nr.  Street, house no.  街道 | | | | | | | | | | | | | Postleitzahl  Postcode  邮号 | | | Wohnort  Location  城市 | | | | | | | | | | |
|  | | | | | | | | | | | | |  | | |  | | | | | | | | | | |
| **Berufstätigkeit | professional activity | 职业** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name der Firma  Name of company  公司名称 | | | |  | | | | | | Position  Occupation  职位 | | |  | | | | | | | Tel.-Nr.  Tel.-no.  电话 | | |  | | | |
| Höchste Qualifikation  Highest qualification  最高学历 **\*\*)** | | | | | | PhD | 博士  Master | 硕士 | | | | | Degree | 学士  Diploma | 大专 | | | |  | | | | | | | | | | | | |
| **Medizinische Ausbildung | medical education | 医学教育 \*\*)** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Qualifikation  Qualification  学历 | | | | | | | Name der Hochschule  Name of institution  毕业院校 | | | | | | | | Studiendauer  Course duration  课程时间 | | | | | | | | Ausstellungsdatum  Date of issue  发证日期 | | | |
|  | | | | | | |  | | | | | | | |  | | | | | | | |  | | | |
| **Berufsausübungsbewilligung | Professional license to practice | 行医资格证书 \*\*)** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Praktizierte Zeit  Practice time  行医时间 | | | | | Name des medizinischen Instituts  Medical institution name  医疗机构名称 | | | | | | | | | | Anschrift des medizinischen Instituts  Medical institution address  医疗机构地址 | | | | | | | | Medizinischer Titel  Medical title  医疗职称 | | | | |
|  | | | | |  | | | | | | | | | |  | | | | | | | |  | | | | |
| **Anderes | others |其它** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Wie haben Sie von uns erfahren | How did you hear about us | 您如何知道瑞士中医药大学? | | | | | | | | | | | | | | | | | | | | | | | | | | |
| WeChat | 微信 | | | | | | | | | | Zeitschrift | newspaper |报纸杂志 | | | | | | | | | | Andere | others |其它 | | | | | | |
| Internet | 互联网 | | | | | | | | | | Veranstaltung | Event |会展 | | | | | | | | | |  | | | | | | |
| Website | 学院网站 | | | | | | | | | | Freunde | Recommendation |推荐 | | | | | | | | | |
| **Bestätigung des Antragstellers | Declaration by applicant |申请人申明** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Ich erkläre hiermit, dass alle von mir eingereichten Angaben in dieser Anmeldung wahr und richtig sind.  I hereby declare that all the particulars furnished by me in this application are true and correct.  本人在此申明,以上填报资料均属事实。 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Datum | Date | 日期 | | |  | | | | | | Unterschrift | Signature | 签名 | | | | | | | | |  | | | | | | | | | |
| **Nur für interne Verwendung | for office use only |由学院填写** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Anmeldung-Nr.  Application no.  登记号 | |  | | | | | | | Anmeldegebühr  Enrollment fee  报名费 | | |  | | | | | | | | Quittung Nr.  Receipt no  收据号 | | | |  | | | |
| Zulassung | Approval | 录取 | | | | | | | | | Datum  Date  日期 | | |  | | | | Leitung  Management  主办人 | | | |  | | | | | |
| Überprüfung | Review | 审核 | | | | | | | | |
| Ablehnung | Rejection | 拒绝 | | | | | | | | |

**\*\*)** Bitte senden Sie uns die Dokumente (Original oder beglaubigte Kopie) zusammen mit dem Anmeldeformular.

2.1-W03-F02 Anmeldeformular DM.docx Inkraft seit 8.5.2017

V 2.0 Seite 1 von 1

Please send us the documents (original or certified copy) with the application form

请把该文件(原件或公证的复印件)随报名表邮来。