

สำนักเลขาธิการคณะกรรมการแห่งชาติว่าด้วยการศึกษา  
วิทยาศาสตร์ และวัฒนธรรมแห่งสหประชาชาติ  
สำนักความสัมพันธ์ต่างประเทศ  
สำนักงานปลัดกระทรวงศึกษาธิการ  
กระทรวงศึกษาธิการ  
ถนนราชดำเนินนอก ดุสิต กรุงเทพฯ ๑๐๓๐๐



Secretariat of  
the Thai National Commission for UNESCO  
Bureau of International Cooperation  
Ministry of Education  
Ratchadamnoen-Nok Avenue, Dusit  
Bangkok 10300, THAILAND

รับ  
นาง.  
(๑๗ ก.พ. ๕๕)  
๒๗ ก.พ. ๕๕

ที่ ศธ ๐๒๐๕/ ๖๑๑

๑๔ กุมภาพันธ์ ๒๕๕๕

|                   |
|-------------------|
| กรมประชาสัมพันธ์  |
| เลขรับ 7446       |
| วันที่ ๑๕ ก.พ. ๕๕ |
| เวลา 10:01 น.     |

เรื่อง ทุน UNESCO/People's Republic of China -  
The Great Wall Co-Sponsored Fellowships Programme ๒๐๑๑/๒๐๑๒

|    |            |       |
|----|------------|-------|
| 22 | 11.พ. 2554 | E7446 |
|    |            | 17.47 |

① เรียน อธิบดีกรมประชาสัมพันธ์

สิ่งที่ส่งมาด้วย สำเนาหนังสือยูเนสโกที่ ERI/RPO/PPF/DSG/๑๑.๐๑.๐๑๒๑ ลงวันที่ ๒๕ มกราคม ๒๕๕๕

ด้วยสำนักเลขาธิการคณะกรรมการแห่งชาติว่าด้วยการศึกษา วิทยาศาสตร์ และวัฒนธรรมแห่งสหประชาชาติ กระทรวงศึกษาธิการ ได้รับหนังสือแจ้งจากองค์การยูเนสโกว่า องค์การยูเนสโกร่วมกับรัฐบาลจีนมีความประสงค์จะมอบทุนภายใต้โครงการ UNESCO/People's Republic of China - The Great Wall Co-Sponsored Fellowships Programme ประจำปี ๒๐๑๑/๒๐๑๒ จำนวน ๒๕ ทุนแก่ประเทศสมาชิกในแถบเอเชีย-แปซิฟิก กลุ่มประเทศแอฟริกาและอาหรับ ผู้สมัครจะต้องเป็นผู้ที่สำเร็จการศึกษาตั้งแต่ระดับปริญญาตรีขึ้นไป และสนใจจะศึกษา/วิจัยในสาขาต่างๆในมหาวิทยาลัยของประเทศจีนเป็นเวลา ๑ ปี โดยเป็นทุนประเภท non-degree รายละเอียดดังแนบ

ในการนี้ สำนักเลขาธิการฯ ใคร่ขอประชาสัมพันธ์ทุนดังกล่าวแก่หน่วยงานของท่าน โดยหากสนใจสามารถเสนอชื่อบุคลากรที่มีคุณสมบัติเหมาะสมจำนวน ๑ คน เพื่อสมัครเข้ารับการคัดเลือกโดยแนบเอกสารประกอบการสมัครมายังสำนักเลขาธิการฯ ภายในวันพฤหัสบดีที่ ๓๑ มีนาคม ๒๕๕๕ เพื่อสำนักเลขาธิการฯ จะได้ทำการคัดเลือกและเสนอขอรับทุนต่อไป ทั้งนี้ สามารถดูรายละเอียดได้ทางเว็บไซต์ของยูเนสโก (UNESCO Fellowship) หรือประสานขอข้อมูลเพิ่มเติมที่ โทรศัพท์ ๐ ๒๖๒๘ ๕๖๔๖ ต่อ ๑๑๙ หรือ E-mail : ratchanin@yahoo.com

จึงเรียนมาเพื่อโปรดพิจารณาดำเนินการต่อไปด้วย จักขอบคุณยิ่ง

ขอแสดงความนับถือ

(นายสมบัติ สุวรรณพิทักษ์)

รองปลัดกระทรวงศึกษาธิการ

เลขาธิการคณะกรรมการแห่งชาติว่าด้วยการศึกษา  
วิทยาศาสตร์ และวัฒนธรรมแห่งสหประชาชาติ

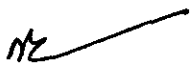
เรียนคุณอรรถ  
วิลาศภักดิ์  
๒๓ ก.พ. ๕๕

Tel: (662) 628 5646, 8-9 Ext. 114, 116, 118-120 Fax: (662) 281 0953 Website: [www.bic.moe.go.th](http://www.bic.moe.go.th) E-mail: [thainatcom@yahoo.co.th](mailto:thainatcom@yahoo.co.th)

กพ. ๒๕๕  
๑๖ ก.พ. ๕๕

②เรียน ผอ.สำนัก/ผอ.กอง และหัวหน้าหน่วยงาน

เพื่อโปรดทราบและแจ้งเวียนข้าราชการในสังกัด  
ทราบหากมีบุคลากรที่มีคุณสมบัติเหมาะสมจำนวน ๑ คน  
เพื่อสมัครเข้ารับการคัดเลือกขอรับทุนในหลักสูตรดังกล่าว  
ทั้งนี้ให้กรอกใบสมัครพร้อมรูปถ่ายส่งมาให้ กกจ. ภายใน  
วันที่ ๒๑ มีนาคม ๒๕๕๔ ต่อไป จะเป็นพระคุณยิ่ง



(นายกิตติศักดิ์ หาญกล้า)

อกจ.

๒๔ ก.พ. ๕๔

**ทุน UNESCO/People's Republic of China –  
The Great Wall Co-Sponsored Fellowships Programme 2011/2012**

องค์การยูเนสโกร่วมกับรัฐบาลจีนมีความประสงค์จะมอบทุนภายใต้โครงการ UNESCO/People's Republic of China - The Great Wall Co-Sponsored Fellowships Programme ประจำปี 2011/2012 จำนวน 25 ทุน แก่ผู้สมัครจากประเทศสมาชิกในแถบเอเชีย-แปซิฟิก กลุ่มประเทศแอฟริกาและอาหรับ ผู้สมัครจะต้องเป็นผู้ที่สำเร็จการศึกษาตั้งแต่ระดับปริญญาตรีขึ้นไป และสนใจที่จะศึกษา/วิจัยในสาขาต่างๆ ในมหาวิทยาลัยของประเทศจีน เป็นเวลา 1 ปี โดยเป็นทุนประเภท non-degree

**คุณสมบัติ**

- วุฒิการศึกษาปริญญาตรีขึ้นไป
- มีความสามารถในการใช้ภาษาอังกฤษ (ในกรณีที่เลือกสาขา/มหาวิทยาลัยที่ใช้ภาษาจีน อาจจะต้องเรียนภาษาจีนก่อนเข้ารับการศึกษารูปแบบปริญญาโท)
- อายุไม่เกิน 45 ปี
- มีสุขภาพดีทั้งร่างกายและจิตใจ

**เอกสารประกอบการสมัคร**

- ใบสมัคร **China/UNESCO/The Great Wall Co-Sponsored Fellowships**  
(ดาวน์โหลดจากเว็บไซต์ของยูเนสโกด้านล่าง) **จำนวน 3 ฉบับ**
- รูปถ่าย 3 ใบ
- สำเนาใบรับรองผลคะแนนการเรียน/ปริญญาบัตร/ประกาศนียบัตร
- สำเนาหนังสือตอบรับจากมหาวิทยาลัย (ในกรณีที่ติดต่อไว้แล้ว)
- หนังสือรับรองจากอาจารย์หรือผู้บังคับบัญชาที่เกี่ยวข้องกับงานวิจัยของผู้สมัคร จำนวน 2 ท่าน
- คำโครงการวิจัยที่ผู้สมัครจะทำการวิจัย (ภาษาอังกฤษ ไม่เกิน 400 คำ)
- ผู้สมัครต้องระบุสาขาที่ต้องการเรียนเพียง 1 สาขา โดยเลือกมหาวิทยาลัยได้ 3 แห่ง  
(รายชื่อสาขาวิชาเรียนและมหาวิทยาลัยตามเว็บไซต์ของยูเนสโกด้านล่าง)
- ใบตรวจร่างกาย (ตามแบบฟอร์มของยูเนสโก) **ที่ทำการตรวจก่อนวันที่ 1 เมษายน 2554**
- ใบรับรองความสามารถการใช้ภาษาอังกฤษ (ตามแบบฟอร์มของยูเนสโก โดยให้ผู้เชี่ยวชาญด้านภาษาเป็นผู้ประเมินให้)

**เว็บไซต์ของยูเนสโก**

[www.unesco.org](http://www.unesco.org) → join us → Fellowships

**การรับสมัคร**

ส่งใบสมัครและหลักฐานต่างๆทางไปรษณีย์มาที่

- ☞ กลุ่มความร่วมมือกับองค์การระหว่างประเทศ (ทุน UNESCO/Great Wall)
- สำนักความสัมพันธ์ต่างประเทศ
- สำนักงานปลัดกระทรวงศึกษาธิการ
- ถนนราชดำเนินนอก เขตดุสิต
- กรุงเทพฯ 10300
- โทร. 0 2628 5646 ต่อ 119

**ภายในวันพฤหัสบดีที่ 31 มีนาคม 2554**



中国国家留学基金管理委员会  
CHINA SCHOLARSHIP COUNCIL

中国 北京车公庄大街9号 A3-13 100044  
No.9 A3-13 Chegongzhuang Street, Beijing  
P.R.China 100044

Tel: 0086-10-66093900 E-mail: laihua@csc.edu.cn  
Fax: 0086-10-66093915 Http://www.csc.edu.cn

|                      |  |  |  |  |       |  |  |  |  |
|----------------------|--|--|--|--|-------|--|--|--|--|
| CSC NO.              |  |  |  |  |       |  |  |  |  |
| 派遣途径:                |  |  |  |  | 学生类别: |  |  |  |  |
| 经费办法:                |  |  |  |  | 学习专业: |  |  |  |  |
| 安排院校: 1.<br>2.<br>3. |  |  |  |  |       |  |  |  |  |

(The above table is only for CSC)

## 中国政府奖学金申请表

### APPLICATION FORM FOR CHINESE GOVERNMENT SCHOLARSHIP

请申请人认真阅读本表第四页的填表说明。请用中文或英文填写此表格。请用电脑打印或用蓝色或黑色钢笔认真书写表格内容。请在所选项框内划‘X’表示。不按规定填写的表格将视作无效。  
Please read carefully the important notes on the last page before filling out the form. Please complete the form in Chinese or English. If the form is not filled in on PC, please write legibly in black or blue ink. Please indicate with ‘X’ in the blank chosen. Any forms that do not follow the notes will be invalid.

#### 1. 申请人情况/Personal Information:

护照用名/Passport Name:

姓/Family Name: \_\_\_\_\_

名/Given Name: \_\_\_\_\_

国籍/Nationality: \_\_\_\_\_ 护照号码/Passport No.: \_\_\_\_\_

出生日期/Date of Birth: 年/Year \_\_\_\_\_ 月/Month \_\_\_\_\_ 日/Day \_\_\_\_\_

出生地点/Place of Birth: 国家/Country: \_\_\_\_\_ 城市/City: \_\_\_\_\_

男/Male: ☐ 女/Female: ☐ 已婚/Married: ☐ 未婚/Single: ☐ 其它/Other: ☐

母语/Native Language: \_\_\_\_\_ 宗教/Religion: \_\_\_\_\_

当前联系地址/Present Address: \_\_\_\_\_

电话/Tel: \_\_\_\_\_ 传真/Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

永久通信地址/Permanent Address: \_\_\_\_\_



#### 2. 受教育情况/Education Background:

| 学校<br>Institutions | 在校时间<br>Years Attended<br>(from/to) | 主修专业<br>Fields of Study | 毕业证书及学位证书<br>Certificates Obtained or<br>To Obtain |
|--------------------|-------------------------------------|-------------------------|----------------------------------------------------|
| _____              | _____                               | _____                   | _____                                              |
| _____              | _____                               | _____                   | _____                                              |
| _____              | _____                               | _____                   | _____                                              |

#### 3. 工作经历/Employment Record:

| 工作单位<br>Employer | 起止时间<br>Time (from/to) | 从事工作<br>Work Engaged | 职务及职称<br>Posts Held |
|------------------|------------------------|----------------------|---------------------|
| _____            | _____                  | _____                | _____               |
| _____            | _____                  | _____                | _____               |
| _____            | _____                  | _____                | _____               |

4. 语言能力/Language Proficiency:

a). 汉语/Chinese: 很好/Excellent: ☐ 好/Good: ☐ 较好/Fair: ☐ 差/Poor: ☐ 不会/None: ☐

HSK 考试等级或其他类型汉语考试成绩/ Level of HSK test or other certificates which can show your Chinese level: \_\_\_\_\_

b). 英语/English: 很好/Excellent: ☐ 好/Good: ☐ 较好/Fair: ☐ 差/Poor: ☐ 不会/None: ☐

我的英语水平可以用英语学习/I can be taught in English: 是/Yes ☐ 否/No ☐

c). 其他语言/Other Languages: \_\_\_\_\_

5. 来华学习计划/Proposed Study in China:

a). 本科生/Bachelor's Degree Candidate: ☐ 汉语进修生/Chinese Language Student: ☐

硕士研究生/Master's Degree Candidate: ☐ 普通进修生/General Scholar: ☐

博士研究生/Doctor's Degree Candidate: ☐ 高级进修生/Senior Scholar: ☐

b). 申请来华学习专业或研究专题/Subject or Field of Study in China: \_\_\_\_\_

c). 申请院校/Preferences of Institutions of Higher Education in China:

I. \_\_\_\_\_ II. \_\_\_\_\_ III. \_\_\_\_\_

d). 申请专业学习时间/Duration of the Major Study:

自/From: 年/Year \_\_\_\_\_ 月/Month \_\_\_\_\_ 至/To: 年/Year \_\_\_\_\_ 月/Month \_\_\_\_\_

e). 是否需要补习汉语/Do You Need Elementary Chinese Study prior to the Major Study?

是/Yes: ☐ 请填写申请汉语补习时间 (不计在专业学习时间内) / If 'Yes', please indicate the duration of your elementary Chinese study(not included in the length of the major study).

自/From: 年/Year \_\_\_\_\_ 月/Month \_\_\_\_\_ 至/To: 年/Year \_\_\_\_\_ 月/Month \_\_\_\_\_

否/No: ☐

6. 拟在华学习或研究的详细内容 (可另附纸) / Please Describe the Details of your Study or Research Plan in China (an extra paper can be attached if this space is not enough):

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7. 曾发表的主要学术论文、著作及作品/Academic Papers, Writing & Art Works Published:

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8. 申请奖学金类别/Scholarship Applied:

A. 全额奖学金/Full Scholarship: ☐

B. 部分奖学金/Partial Scholarship:

学费/Tuition: ☐ 住宿费/Accommodation: ☐ 医疗费/Medical Care: ☐ 教材费/Learning Materials: ☐

9. 推荐您申请中国政府奖学金的机构或个人/Please Specify the Organization or Person Recommending you for this Scholarship: \_\_\_\_\_

10. 申请人在华事务联系人或机构/The Guarantor Charging Your Case in China:

名称/Name: \_\_\_\_\_ 电话/Tel: \_\_\_\_\_ 传真/Fax: \_\_\_\_\_

地址/Address: \_\_\_\_\_

11. 申请人是否曾在华学习或任职/Have you ever Studied or Worked in China?

是/Yes: ☐ 学习或任职单位/Institution or Employer: \_\_\_\_\_

在华时间/Time in China: 自/From: 年/Year \_\_\_\_\_ 月/Month \_\_\_\_\_ 至/To: 年/Year \_\_\_\_\_ 月/Month \_\_\_\_\_  
否/No: ☐

12. 申请人亲属情况/Family Members of the Applicants:

| 姓名<br>Name       | 年龄<br>Age | 职业<br>Employment |
|------------------|-----------|------------------|
| 配偶/Spouse: _____ | _____     | _____            |
| 父亲/Father: _____ | _____     | _____            |
| 母亲/Mother: _____ | _____     | _____            |

\* \* \* \* \*

◆ 所附材料情况(请在所附附件前划‘X’标明)/Materials Attached (Please Indicate with ‘X’ in the Bracket.):

- ☐ 申请表(一式两份)/Application Form (in duplicate).
- ☐ 两封推荐信/Two Letters of Recommendation.
- ☐ 有关中国院校接受函或录取通知书/Admission Letter or Admission Notice of Chinese Universities.
- ☐ 本人最后学历成绩单复印件(须公证,一式两份)/Transcripts of the Most Advanced Studies (Notarized Photocopy).
- ☐ 本人最后学历证书复印件(须公证,一式两份)/Diploma of the Most Advanced Studies (Notarized Photocopy):  
本科/Bachelor's ☐ 硕士/Master's ☐ 博士/Doctor's ☐ 其它/Others ☐
- ☐ 外国人体格检查记录(复印件)/Foreigner Physical Examination Form (Photocopy).
- ☐ 来华学习计划/Study Plan in China.
- ☐ 所发表的文章等/Articles or Papers Written or Published.
- ☐ 美术作品(本人作品彩照六张)、音乐作品(本人音乐作品盒式录音带一盘)(只限申请美术和音乐专业的申请人)/Examples of Art (6 color pictures) and Music (1 audio tape) Work (Only for the applicants applying for Fine Arts and Music).
- ☐ 其它附件(请列出)/Other Attachments (List Needed): \_\_\_\_\_

注: 每份申请材料最多不超过 20 页, 请全部使用 A4 纸。

Each set of the complete materials should not exceed 20 pages. Please use DIN A4.

无论申请人是否被录取, 上述申请材料恕不退还。

Whether the candidates are accepted or not, all the application materials will not be returned.

◆ 申请人保证/I Hereby Affirm That:

1. 申请表中所填写的内容和提供的材料真实无误;  
All information and materials given in this form are true and correct.
2. 在华期间, 遵守中国的法律、法规, 不从事任何危害中国社会秩序的、与本人来华学习身份不符合的活动;  
During my stay in China, I shall abide by the laws and decrees of the Chinese government, and will not participate in any activities in China which are deemed to be adverse to the social order of China and are inappropriate to the capacity as a student.
3. 来华后服从 CSC 所安排的就读院校和学习专业, 不得无故要求变更学校和所学专业;  
I will agree to the arrangements of my institution and specialty of study in China made by CSC, and will not apply for any changes in these two fields without valid reasons.
4. 在学期间, 遵守学校的校纪、校规, 全力投入学习和研究工作。尊重学校的教学安排;  
During my study in China, I shall abide the rules and regulations of the host university, and concentrate on my studies and researches, and follow the teaching programs arranged by the university.
5. 按照规定参加中国政府奖学金年度评审;  
I shall go through the procedures of the Annual Review of Chinese Government Scholarship Status as required.
6. 按规定期限修完学业, 按期回国, 不无故在华滞留;  
I shall return to my home country as soon as I complete my scheduled program in China, and will not extend my stay without valid reasons.
7. 如违反上述保证而受到中国法律、法规或校纪、校规的惩处, 我愿意接受中国国家留学基金管理委员会中止或取消奖学金及其它相应的处罚。  
If I am judged by the Chinese laws and decrees and the rules and regulations of the university as having violated any of the above, I will not lodge any appeal against the decision of CSC on suspending, or withdrawing my scholarship, or other penalties.

申请人签字/Signature of the Applicant: \_\_\_\_\_ 日期/Date: \_\_\_\_\_

(无此签名, 申请无效/The application is invalid without the applicant's signature)

填表说明（每一项数字与申请表中每一项序号相对应）：

**GUIDELINES FOR FILLING IN THIS FORM (NUMBERS REFERRING TO THE VARIOUS BLOCKS):**

1. 本项所有内容申请人必须如实填写。  
Personal information about the applicant must be filled in truly and correctly.
2. 请列出申请人已经完成或即将完成的各级教育，包括中学、职业教育及高等教育各项。请随材料附上经公证的最高级教育的学历证明、毕业证书或学位证书的原件复印件和英文翻译件（均一式两份）。  
Please provide the following information for all completed secondary, vocational, technical, undergraduate or post graduate training and qualifications. Any incomplete courses should also be listed. One notarized copy of your official transcripts certificates and notarized copies of English translations of your highest education must be included with each application form.
3. 请列出申请人曾经从事和现在从事的工作。  
Please clarify your work experiences and you current post.
4. 本项将表明申请人的语言情况，对申请人来华后的课程安排及授课语言非常重要。请随材料附上有关证明材料。  
Please state your knowledge of languages, especially Chinese and English. If you have passed a language test, please include a copy of the results in your application materials. This is very important because it will decide your teaching language in China.
5. 请申请人按本项提示选择来华后的学习计划，CSC 有权作相应调整。  
The applicant will choose the detailed information concerning his study in China according to the clues given in this cell. CSC is entitled to make any necessary adjustment according to the applicant's preferences.
  - a. 请选择你申请来华学习的类别。  
Please choose what level of study you want to be engaged in in China.
  - b. 请详细写出你申请来华学习的专业或从事研究的专题。  
Please specify your subject or field of study in China.
  - c. 请从接受中国政府奖学金留学生的高等学校中选择三所并填写在本栏中，你的选择仅作为 CSC 安排学校时的参考。如果你已经被某所中国高校录取，请附上该校的《录取通知书》或接受函的复印件。  
Please choose three preferences of Chinese institutions among the Chinese universities which can accepted Chinese Government Scholarship students and list them in the blanks here. The final arrangement of institution is subject to the adjustment of CSC with your choices as references. If you have been accepted by a Chinese university, please attach the copy of their admission notice to your application materials.
  - d. 请标明你所申请的来华学习时间。  
Duration of the major study applied in China.
  - e. 由于中国高校的主要授课语言为汉语，所以来华后的汉语补习非常重要。请在该项标明你是否需要汉语补习及所希望的汉语补习时间。  
Since the teaching language of Chinese universities is Chinese, it's very important for you to tell us in this cell whether you need elementary Chinese study prior to your major study or not. If "Yes", please indicate the duration of the Chinese study (not included in the length of major study).
6. 请认真填写此项，它对于学校确定申请人的学习专业及授课教师非常重要。请说明你从事研究的题目或基本内容，亦可以列出你希望的一些课程。可另附纸。  
Please illustrate the subject of your research or the main content of your study, you can also give some courses you want to attend in China. It is crucial for the university to decide your major and arrange the professor for you.
7. 请列出申请人曾经发表的或曾写过的论文、著作、作品。  
Please list here your academic papers, writing and artwork published or written, if any.
8. 中国政府奖学金有全额奖学金和部分奖学金两种，请选择你申请的一种。  
Choose the Scholarship you applied between the two offered by Chinese government – full scholarship or partial scholarship.
9. 你的推荐人和推荐机构。  
The person or organization that recommend you for this scholarship.
10. 在华联系人或联系机构，关于申请人在华的有关事项，我们将与其联系。  
The guarantors charging your case in China, we will contact them for your case when necessary.
11. 如果你曾在中国学习或工作过，请告知你在华的学习院校或工作单位。  
If you had ever been to China for study or work, please specify your institution, employer and time in China.
12. 申请人亲属的基本情况。  
General information about the applicant's family members.

# 外国人体格检查表

## FOREIGNER PHYSICAL EXAMINATION FORM

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                   |                                                          |                                                                      |                                   |                                                          |                                                           |       |              |                                                          |     |                     |                                                          |       |                  |                                                          |       |             |                                                          |     |                |                                                          |                                                          |                 |                                                          |       |               |                                                          |                                                          |                                   |  |       |                 |                                                          |                                                          |  |                                                          |        |                               |                                                          |  |  |  |          |                                   |                                                          |  |  |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|----------------------------------------------------------|----------------------------------------------------------------------|-----------------------------------|----------------------------------------------------------|-----------------------------------------------------------|-------|--------------|----------------------------------------------------------|-----|---------------------|----------------------------------------------------------|-------|------------------|----------------------------------------------------------|-------|-------------|----------------------------------------------------------|-----|----------------|----------------------------------------------------------|----------------------------------------------------------|-----------------|----------------------------------------------------------|-------|---------------|----------------------------------------------------------|----------------------------------------------------------|-----------------------------------|--|-------|-----------------|----------------------------------------------------------|----------------------------------------------------------|--|----------------------------------------------------------|--------|-------------------------------|----------------------------------------------------------|--|--|--|----------|-----------------------------------|----------------------------------------------------------|--|--|--|
| 姓名<br>Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                   | 性别<br>Sex                                                | <input type="checkbox"/> 男 Male<br><input type="checkbox"/> 女 Female | 出生日期<br>Birthday                  |                                                          | 照片<br>(加盖检查单位印章)<br><br>Photo<br>(Stamped Official Stamp) |       |              |                                                          |     |                     |                                                          |       |                  |                                                          |       |             |                                                          |     |                |                                                          |                                                          |                 |                                                          |       |               |                                                          |                                                          |                                   |  |       |                 |                                                          |                                                          |  |                                                          |        |                               |                                                          |  |  |  |          |                                   |                                                          |  |  |  |
| 现在通讯地址<br>Present mailing address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                   |                                                          |                                                                      |                                   |                                                          |                                                           |       |              |                                                          |     |                     |                                                          |       |                  |                                                          |       |             |                                                          |     |                |                                                          |                                                          |                 |                                                          |       |               |                                                          |                                                          |                                   |  |       |                 |                                                          |                                                          |  |                                                          |        |                               |                                                          |  |  |  |          |                                   |                                                          |  |  |  |
| 国籍或地区<br>Nationality<br>(or Area)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                   | 出生地<br>Birth place                                       |                                                                      | 血型<br>Blood type                  |                                                          |                                                           |       |              |                                                          |     |                     |                                                          |       |                  |                                                          |       |             |                                                          |     |                |                                                          |                                                          |                 |                                                          |       |               |                                                          |                                                          |                                   |  |       |                 |                                                          |                                                          |  |                                                          |        |                               |                                                          |  |  |  |          |                                   |                                                          |  |  |  |
| <p>过去是否患有下列疾病: (每项后面请回答“否”或“是”)<br/>Have you ever had any of the following diseases?<br/>(Each item must be answered “Yes” or “No”)</p> <table border="0"> <tr> <td>班疹 伤寒</td> <td>Typhus fever</td> <td><input type="checkbox"/> No <input type="checkbox"/> Yes</td> <td>菌 痢</td> <td>Bacillary dysentery</td> <td><input type="checkbox"/> No <input type="checkbox"/> Yes</td> </tr> <tr> <td>小儿麻痹症</td> <td>Poliomyelitis</td> <td><input type="checkbox"/> No <input type="checkbox"/> Yes</td> <td>布氏杆菌病</td> <td>Brucellosis</td> <td><input type="checkbox"/> No <input type="checkbox"/> Yes</td> </tr> <tr> <td>白 喉</td> <td>Diphtheria</td> <td><input type="checkbox"/> No <input type="checkbox"/> Yes</td> <td>病毒性肝炎</td> <td>Viral hepatitis</td> <td><input type="checkbox"/> No <input type="checkbox"/> Yes</td> </tr> <tr> <td>猩 红 热</td> <td>Scarlet fever</td> <td><input type="checkbox"/> No <input type="checkbox"/> Yes</td> <td>产褥期链球</td> <td>Puerperal streptococcus infection</td> <td></td> </tr> <tr> <td>回 归 热</td> <td>Relapsing fever</td> <td><input type="checkbox"/> No <input type="checkbox"/> Yes</td> <td>菌 感 染</td> <td></td> <td><input type="checkbox"/> No <input type="checkbox"/> Yes</td> </tr> <tr> <td>伤寒和付伤寒</td> <td>Typhoid and paratyphoid fever</td> <td><input type="checkbox"/> No <input type="checkbox"/> Yes</td> <td colspan="3"></td> </tr> <tr> <td>流行性脑脊髓膜炎</td> <td>Epidemic cerebrospinal meningitis</td> <td><input type="checkbox"/> No <input type="checkbox"/> Yes</td> <td colspan="3"></td> </tr> </table> |                                   |                                                          |                                                                      |                                   |                                                          |                                                           | 班疹 伤寒 | Typhus fever | <input type="checkbox"/> No <input type="checkbox"/> Yes | 菌 痢 | Bacillary dysentery | <input type="checkbox"/> No <input type="checkbox"/> Yes | 小儿麻痹症 | Poliomyelitis    | <input type="checkbox"/> No <input type="checkbox"/> Yes | 布氏杆菌病 | Brucellosis | <input type="checkbox"/> No <input type="checkbox"/> Yes | 白 喉 | Diphtheria     | <input type="checkbox"/> No <input type="checkbox"/> Yes | 病毒性肝炎                                                    | Viral hepatitis | <input type="checkbox"/> No <input type="checkbox"/> Yes | 猩 红 热 | Scarlet fever | <input type="checkbox"/> No <input type="checkbox"/> Yes | 产褥期链球                                                    | Puerperal streptococcus infection |  | 回 归 热 | Relapsing fever | <input type="checkbox"/> No <input type="checkbox"/> Yes | 菌 感 染                                                    |  | <input type="checkbox"/> No <input type="checkbox"/> Yes | 伤寒和付伤寒 | Typhoid and paratyphoid fever | <input type="checkbox"/> No <input type="checkbox"/> Yes |  |  |  | 流行性脑脊髓膜炎 | Epidemic cerebrospinal meningitis | <input type="checkbox"/> No <input type="checkbox"/> Yes |  |  |  |
| 班疹 伤寒                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Typhus fever                      | <input type="checkbox"/> No <input type="checkbox"/> Yes | 菌 痢                                                                  | Bacillary dysentery               | <input type="checkbox"/> No <input type="checkbox"/> Yes |                                                           |       |              |                                                          |     |                     |                                                          |       |                  |                                                          |       |             |                                                          |     |                |                                                          |                                                          |                 |                                                          |       |               |                                                          |                                                          |                                   |  |       |                 |                                                          |                                                          |  |                                                          |        |                               |                                                          |  |  |  |          |                                   |                                                          |  |  |  |
| 小儿麻痹症                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Poliomyelitis                     | <input type="checkbox"/> No <input type="checkbox"/> Yes | 布氏杆菌病                                                                | Brucellosis                       | <input type="checkbox"/> No <input type="checkbox"/> Yes |                                                           |       |              |                                                          |     |                     |                                                          |       |                  |                                                          |       |             |                                                          |     |                |                                                          |                                                          |                 |                                                          |       |               |                                                          |                                                          |                                   |  |       |                 |                                                          |                                                          |  |                                                          |        |                               |                                                          |  |  |  |          |                                   |                                                          |  |  |  |
| 白 喉                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Diphtheria                        | <input type="checkbox"/> No <input type="checkbox"/> Yes | 病毒性肝炎                                                                | Viral hepatitis                   | <input type="checkbox"/> No <input type="checkbox"/> Yes |                                                           |       |              |                                                          |     |                     |                                                          |       |                  |                                                          |       |             |                                                          |     |                |                                                          |                                                          |                 |                                                          |       |               |                                                          |                                                          |                                   |  |       |                 |                                                          |                                                          |  |                                                          |        |                               |                                                          |  |  |  |          |                                   |                                                          |  |  |  |
| 猩 红 热                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Scarlet fever                     | <input type="checkbox"/> No <input type="checkbox"/> Yes | 产褥期链球                                                                | Puerperal streptococcus infection |                                                          |                                                           |       |              |                                                          |     |                     |                                                          |       |                  |                                                          |       |             |                                                          |     |                |                                                          |                                                          |                 |                                                          |       |               |                                                          |                                                          |                                   |  |       |                 |                                                          |                                                          |  |                                                          |        |                               |                                                          |  |  |  |          |                                   |                                                          |  |  |  |
| 回 归 热                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Relapsing fever                   | <input type="checkbox"/> No <input type="checkbox"/> Yes | 菌 感 染                                                                |                                   | <input type="checkbox"/> No <input type="checkbox"/> Yes |                                                           |       |              |                                                          |     |                     |                                                          |       |                  |                                                          |       |             |                                                          |     |                |                                                          |                                                          |                 |                                                          |       |               |                                                          |                                                          |                                   |  |       |                 |                                                          |                                                          |  |                                                          |        |                               |                                                          |  |  |  |          |                                   |                                                          |  |  |  |
| 伤寒和付伤寒                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Typhoid and paratyphoid fever     | <input type="checkbox"/> No <input type="checkbox"/> Yes |                                                                      |                                   |                                                          |                                                           |       |              |                                                          |     |                     |                                                          |       |                  |                                                          |       |             |                                                          |     |                |                                                          |                                                          |                 |                                                          |       |               |                                                          |                                                          |                                   |  |       |                 |                                                          |                                                          |  |                                                          |        |                               |                                                          |  |  |  |          |                                   |                                                          |  |  |  |
| 流行性脑脊髓膜炎                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Epidemic cerebrospinal meningitis | <input type="checkbox"/> No <input type="checkbox"/> Yes |                                                                      |                                   |                                                          |                                                           |       |              |                                                          |     |                     |                                                          |       |                  |                                                          |       |             |                                                          |     |                |                                                          |                                                          |                 |                                                          |       |               |                                                          |                                                          |                                   |  |       |                 |                                                          |                                                          |  |                                                          |        |                               |                                                          |  |  |  |          |                                   |                                                          |  |  |  |
| <p>是否患有下列危及公共秩序和安全的病症: (每项后面请回答“否”或“是”)<br/>Do you have any of the following diseases or disorders endangering the public order and security?<br/>(Each item must be answered “Yes” or “No”)</p> <table border="0"> <tr> <td>毒物瘾</td> <td>Toxicomania</td> <td><input type="checkbox"/> No <input type="checkbox"/> Yes</td> <td colspan="3"></td> </tr> <tr> <td>精神错乱</td> <td>Mental confusion</td> <td><input type="checkbox"/> No <input type="checkbox"/> Yes</td> <td colspan="3"></td> </tr> <tr> <td>精神病</td> <td>Psychosis: 躁狂型</td> <td>Manic psychosis</td> <td><input type="checkbox"/> No <input type="checkbox"/> Yes</td> <td colspan="2"></td> </tr> <tr> <td></td> <td>妄想型</td> <td>Paranoid psychosis</td> <td><input type="checkbox"/> No <input type="checkbox"/> Yes</td> <td colspan="2"></td> </tr> <tr> <td></td> <td>幻觉型</td> <td>Hallucinatory</td> <td><input type="checkbox"/> No <input type="checkbox"/> Yes</td> <td colspan="2"></td> </tr> </table>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                   |                                                          |                                                                      |                                   |                                                          |                                                           | 毒物瘾   | Toxicomania  | <input type="checkbox"/> No <input type="checkbox"/> Yes |     |                     |                                                          | 精神错乱  | Mental confusion | <input type="checkbox"/> No <input type="checkbox"/> Yes |       |             |                                                          | 精神病 | Psychosis: 躁狂型 | Manic psychosis                                          | <input type="checkbox"/> No <input type="checkbox"/> Yes |                 |                                                          |       | 妄想型           | Paranoid psychosis                                       | <input type="checkbox"/> No <input type="checkbox"/> Yes |                                   |  |       | 幻觉型             | Hallucinatory                                            | <input type="checkbox"/> No <input type="checkbox"/> Yes |  |                                                          |        |                               |                                                          |  |  |  |          |                                   |                                                          |  |  |  |
| 毒物瘾                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Toxicomania                       | <input type="checkbox"/> No <input type="checkbox"/> Yes |                                                                      |                                   |                                                          |                                                           |       |              |                                                          |     |                     |                                                          |       |                  |                                                          |       |             |                                                          |     |                |                                                          |                                                          |                 |                                                          |       |               |                                                          |                                                          |                                   |  |       |                 |                                                          |                                                          |  |                                                          |        |                               |                                                          |  |  |  |          |                                   |                                                          |  |  |  |
| 精神错乱                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Mental confusion                  | <input type="checkbox"/> No <input type="checkbox"/> Yes |                                                                      |                                   |                                                          |                                                           |       |              |                                                          |     |                     |                                                          |       |                  |                                                          |       |             |                                                          |     |                |                                                          |                                                          |                 |                                                          |       |               |                                                          |                                                          |                                   |  |       |                 |                                                          |                                                          |  |                                                          |        |                               |                                                          |  |  |  |          |                                   |                                                          |  |  |  |
| 精神病                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Psychosis: 躁狂型                    | Manic psychosis                                          | <input type="checkbox"/> No <input type="checkbox"/> Yes             |                                   |                                                          |                                                           |       |              |                                                          |     |                     |                                                          |       |                  |                                                          |       |             |                                                          |     |                |                                                          |                                                          |                 |                                                          |       |               |                                                          |                                                          |                                   |  |       |                 |                                                          |                                                          |  |                                                          |        |                               |                                                          |  |  |  |          |                                   |                                                          |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 妄想型                               | Paranoid psychosis                                       | <input type="checkbox"/> No <input type="checkbox"/> Yes             |                                   |                                                          |                                                           |       |              |                                                          |     |                     |                                                          |       |                  |                                                          |       |             |                                                          |     |                |                                                          |                                                          |                 |                                                          |       |               |                                                          |                                                          |                                   |  |       |                 |                                                          |                                                          |  |                                                          |        |                               |                                                          |  |  |  |          |                                   |                                                          |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 幻觉型                               | Hallucinatory                                            | <input type="checkbox"/> No <input type="checkbox"/> Yes             |                                   |                                                          |                                                           |       |              |                                                          |     |                     |                                                          |       |                  |                                                          |       |             |                                                          |     |                |                                                          |                                                          |                 |                                                          |       |               |                                                          |                                                          |                                   |  |       |                 |                                                          |                                                          |  |                                                          |        |                               |                                                          |  |  |  |          |                                   |                                                          |  |  |  |
| 身高<br>Height                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 厘米<br>CM                          | 体重<br>Weight                                             | 公斤<br>Kg                                                             | 血压<br>Blood pressure              | 毫米汞柱<br>mmHg                                             |                                                           |       |              |                                                          |     |                     |                                                          |       |                  |                                                          |       |             |                                                          |     |                |                                                          |                                                          |                 |                                                          |       |               |                                                          |                                                          |                                   |  |       |                 |                                                          |                                                          |  |                                                          |        |                               |                                                          |  |  |  |          |                                   |                                                          |  |  |  |
| 发育情况<br>Development                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                   | 营养情况<br>Nourishment                                      |                                                                      | 颈部<br>Neck                        |                                                          |                                                           |       |              |                                                          |     |                     |                                                          |       |                  |                                                          |       |             |                                                          |     |                |                                                          |                                                          |                 |                                                          |       |               |                                                          |                                                          |                                   |  |       |                 |                                                          |                                                          |  |                                                          |        |                               |                                                          |  |  |  |          |                                   |                                                          |  |  |  |
| 视力 左 L _____<br>Vision 右 R _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                   | 矫正视力 左 L _____<br>Corrected vision 右 R _____             |                                                                      | 眼<br>Eyes                         |                                                          |                                                           |       |              |                                                          |     |                     |                                                          |       |                  |                                                          |       |             |                                                          |     |                |                                                          |                                                          |                 |                                                          |       |               |                                                          |                                                          |                                   |  |       |                 |                                                          |                                                          |  |                                                          |        |                               |                                                          |  |  |  |          |                                   |                                                          |  |  |  |
| 辨色力<br>Colour sense                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                   | 皮肤<br>Skin                                               |                                                                      | 淋巴结<br>Lymph nodes                |                                                          |                                                           |       |              |                                                          |     |                     |                                                          |       |                  |                                                          |       |             |                                                          |     |                |                                                          |                                                          |                 |                                                          |       |               |                                                          |                                                          |                                   |  |       |                 |                                                          |                                                          |  |                                                          |        |                               |                                                          |  |  |  |          |                                   |                                                          |  |  |  |
| 耳<br>Ears                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                   | 鼻<br>Nose                                                |                                                                      | 扁桃体<br>Tonsils                    |                                                          |                                                           |       |              |                                                          |     |                     |                                                          |       |                  |                                                          |       |             |                                                          |     |                |                                                          |                                                          |                 |                                                          |       |               |                                                          |                                                          |                                   |  |       |                 |                                                          |                                                          |  |                                                          |        |                               |                                                          |  |  |  |          |                                   |                                                          |  |  |  |
| 心<br>Heart                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                   | 肺<br>Lungs                                               |                                                                      | 腹部<br>Abdomen                     |                                                          |                                                           |       |              |                                                          |     |                     |                                                          |       |                  |                                                          |       |             |                                                          |     |                |                                                          |                                                          |                 |                                                          |       |               |                                                          |                                                          |                                   |  |       |                 |                                                          |                                                          |  |                                                          |        |                               |                                                          |  |  |  |          |                                   |                                                          |  |  |  |



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| 脊柱<br>Spine                                                                                                                                                                                                                                                                                                                                                                                                                                                    |              | 四肢<br>Extremities        |                   | 神经系统<br>Nervous system |  |    |         |    |                  |     |              |     |                   |    |        |     |      |    |         |     |           |
| 其他所见<br>Other abnormal findings                                                                                                                                                                                                                                                                                                                                                                                                                                |              |                          |                   |                        |  |    |         |    |                  |     |              |     |                   |    |        |     |      |    |         |     |           |
| 胸部 X 线<br>检查结果<br>(附检查报告单)<br>Chest X-ray exam<br>(attached chest X-ray<br>report)                                                                                                                                                                                                                                                                                                                                                                             |              |                          | 心电图<br>ECC        |                        |  |    |         |    |                  |     |              |     |                   |    |        |     |      |    |         |     |           |
| 化验室检查<br>(包括艾滋病、<br>梅毒等血清学检查)<br>Laboratory exam<br>(attached test report of<br>AIDS, Syphilis etc)                                                                                                                                                                                                                                                                                                                                                            |              |                          |                   |                        |  |    |         |    |                  |     |              |     |                   |    |        |     |      |    |         |     |           |
| <p>未发现患有下列检疫传染病和危害公共健康的疾病：<br/>None of the following diseases of disorders found during the present examination.</p> <table border="0"> <tr> <td>霍乱</td> <td>Cholera</td> <td>性病</td> <td>Venereal Disease</td> </tr> <tr> <td>黄热病</td> <td>Yellow fever</td> <td>肺结核</td> <td>Lung tuberculosis</td> </tr> <tr> <td>鼠疫</td> <td>Plague</td> <td>艾滋病</td> <td>AIDS</td> </tr> <tr> <td>麻风</td> <td>Leprosy</td> <td>精神病</td> <td>Psychosis</td> </tr> </table> |              |                          |                   |                        |  | 霍乱 | Cholera | 性病 | Venereal Disease | 黄热病 | Yellow fever | 肺结核 | Lung tuberculosis | 鼠疫 | Plague | 艾滋病 | AIDS | 麻风 | Leprosy | 精神病 | Psychosis |
| 霍乱                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Cholera      | 性病                       | Venereal Disease  |                        |  |    |         |    |                  |     |              |     |                   |    |        |     |      |    |         |     |           |
| 黄热病                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Yellow fever | 肺结核                      | Lung tuberculosis |                        |  |    |         |    |                  |     |              |     |                   |    |        |     |      |    |         |     |           |
| 鼠疫                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Plague       | 艾滋病                      | AIDS              |                        |  |    |         |    |                  |     |              |     |                   |    |        |     |      |    |         |     |           |
| 麻风                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Leprosy      | 精神病                      | Psychosis         |                        |  |    |         |    |                  |     |              |     |                   |    |        |     |      |    |         |     |           |
| 意    见<br>Suggestion                                                                                                                                                                                                                                                                                                                                                                                                                                           |              | 检查单位盖章<br>Official Stamp |                   |                        |  |    |         |    |                  |     |              |     |                   |    |        |     |      |    |         |     |           |
| 医师签字<br>Signature of physician                                                                                                                                                                                                                                                                                                                                                                                                                                 |              | 日期<br>Date               |                   |                        |  |    |         |    |                  |     |              |     |                   |    |        |     |      |    |         |     |           |



7, place de Fontenoy, 75352 Paris 07 SP  
telephone: (33.1) 45.68.10.00

APPLICATION FOR FELLOWSHIP

**CERTIFICATE OF LANGUAGE KNOWLEDGE**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        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| Name of candidate .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                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| Address of candidate .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             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| <p><b>(1) ABILITY TO UNDERSTAND</b></p> <table style="width: 100%;"><tr><td style="width: 80%;">(a) Understands without difficulty when addressed at normal rate.....</td><td style="width: 20%; text-align: center;"><div style="border: 1px solid black; height: 20px; width: 100%;"></div></td></tr><tr><td>(b) Understands almost everything, if addressed slowly and carefully.....</td><td style="text-align: center;"><div style="border: 1px solid black; height: 20px; width: 100%;"></div></td></tr><tr><td>(c) Requires frequent repetition and/or translation of words and phrases.....</td><td style="text-align: center;"><div style="border: 1px solid black; height: 20px; width: 100%;"></div></td></tr><tr><td>(d) Does not understand spoken language.....</td><td style="text-align: center;"><div style="border: 1px solid black; height: 20px; width: 100%;"></div></td></tr></table> <p><b>(2) ABILITY TO SPEAK</b></p> <table style="width: 100%;"><tr><td style="width: 80%;">(a) Speaks fluently and accurately and is easily intelligible.....</td><td style="width: 20%; text-align: center;"><div style="border: 1px solid black; height: 20px; width: 100%;"></div></td></tr><tr><td>(b) Speaks intelligibly, but is not fluent or altogether accurate.....</td><td style="text-align: center;"><div style="border: 1px solid black; height: 20px; width: 100%;"></div></td></tr><tr><td>(c) Speaks haltingly, and is often at a loss for words and phrases.....</td><td style="text-align: center;"><div style="border: 1px solid black; height: 20px; width: 100%;"></div></td></tr></table> <p><b>(3) ABILITY TO WRITE</b></p> <table style="width: 100%;"><tr><td style="width: 80%;">(a) Writes with ease and accurately.....</td><td style="width: 20%; text-align: center;"><div style="border: 1px solid black; height: 20px; width: 100%;"></div></td></tr><tr><td>(b) Writes slowly and/or with only a moderate degree of accuracy.....</td><td style="text-align: center;"><div style="border: 1px solid black; height: 20px; width: 100%;"></div></td></tr><tr><td>(c) Writes with difficulty and makes frequent mistakes.....</td><td style="text-align: center;"><div style="border: 1px solid black; height: 20px; width: 100%;"></div></td></tr></table> <p><b>(4) READING ABILITY AND COMPREHENSION</b></p> <table style="width: 100%;"><tr><td style="width: 80%;">(a) Reads fluently, with full comprehension.....</td><td style="width: 20%; text-align: center;"><div style="border: 1px solid black; height: 20px; width: 100%;"></div></td></tr><tr><td>(b) Reads slowly, but understands almost everything he reads.....</td><td style="text-align: center;"><div style="border: 1px solid black; height: 20px; width: 100%;"></div></td></tr><tr><td>(c) Reads with difficulty, and only with frequent recourse to the dictionary.....</td><td style="text-align: center;"><div style="border: 1px solid black; height: 20px; width: 100%;"></div></td></tr><tr><td>(d) Cannot read.....</td><td style="text-align: center;"><div style="border: 1px solid black; height: 20px; width: 100%;"></div></td></tr></table> <p><b>(5) TECHNICAL LANGUAGE</b></p> <p>Certain fellowships require a particular knowledge of specialized or technical language. In such cases, please evaluate candidate's ability with reference to paras. 1, 2, and 4 above.</p> <p><b>(6)</b> Please indicate any further facts about candidate's language knowledge which may be of value in the development of his programme:</p> |                                                                         | (a) Understands without difficulty when addressed at normal rate..... | <div style="border: 1px solid black; height: 20px; width: 100%;"></div> | (b) Understands almost everything, if addressed slowly and carefully..... | <div style="border: 1px solid black; height: 20px; width: 100%;"></div> | (c) Requires frequent repetition and/or translation of words and phrases..... | <div style="border: 1px solid black; height: 20px; width: 100%;"></div> | (d) Does not understand spoken language..... | <div style="border: 1px solid black; height: 20px; width: 100%;"></div> | (a) Speaks fluently and accurately and is easily intelligible..... | <div style="border: 1px solid black; height: 20px; width: 100%;"></div> | (b) Speaks intelligibly, but is not fluent or altogether accurate..... | <div style="border: 1px solid black; height: 20px; width: 100%;"></div> | (c) Speaks haltingly, and is often at a loss for words and phrases..... | <div style="border: 1px solid black; height: 20px; width: 100%;"></div> | (a) Writes with ease and accurately..... | <div style="border: 1px solid black; height: 20px; width: 100%;"></div> | (b) Writes slowly and/or with only a moderate degree of accuracy..... | <div style="border: 1px solid black; height: 20px; width: 100%;"></div> | (c) Writes with difficulty and makes frequent mistakes..... | <div style="border: 1px solid black; height: 20px; width: 100%;"></div> | (a) Reads fluently, with full comprehension..... | <div style="border: 1px solid black; height: 20px; width: 100%;"></div> | (b) Reads slowly, but understands almost everything he reads..... | <div style="border: 1px solid black; height: 20px; width: 100%;"></div> | (c) Reads with difficulty, and only with frequent recourse to the dictionary..... | <div style="border: 1px solid black; height: 20px; width: 100%;"></div> | (d) Cannot read..... | <div style="border: 1px solid black; height: 20px; width: 100%;"></div> |
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| (b) Writes slowly and/or with only a moderate degree of accuracy.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <div style="border: 1px solid black; 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| (c) Writes with difficulty and makes frequent mistakes.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <div style="border: 1px solid black; 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| (a) Reads fluently, with full comprehension.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <div style="border: 1px solid black; 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| (b) Reads slowly, but understands almost everything he reads.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <div style="border: 1px solid black; 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| (c) Reads with difficulty, and only with frequent recourse to the dictionary.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <div style="border: 1px solid black; 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| (d) Cannot read.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <div style="border: 1px solid black; 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United Nations  
Educational, Scientific and  
Cultural Organization

Organisation  
des Nations Unies  
pour l'éducation,  
la science et la culture

Organización  
de las Naciones Unidas  
para la Educación,  
la Ciencia y la Cultura

Организация  
Объединенных Наций по  
вопросам образования,  
науки и культуры

منظمة الأمم المتحدة  
للتربية والعلم والثقافة

联合国教育、  
科学及文化组织

Participation Programme and Fellowships Section  
Sector for External Relations and Public Information

To: National Commissions for UNESCO  
of Invited Member States

25 JAN. 2011

Ref.: ERI/RPO/PPF/DSG/11.0121

Subject: UNESCO/People's Republic of China – The Great Wall  
Co-Sponsored Fellowships Programme 2011 - 2012

Madam/Sir,

On behalf of the Director-General, I have the pleasure to inform you that, within the framework of the UNESCO Co-Sponsored Fellowships Programme 2011-2012, the Government of the People's Republic of China has renewed in January 2011, the offer of **twenty-five (25)** fellowships for advanced studies in varied subjects for the benefit of certain Member States (see Annex No. I).

Offered in open competition, these fellowships are intended for senior advanced students wishing to pursue non-degree post-graduate studies for one year at Chinese universities. Candidatures (a maximum of two) should be submitted as prescribed on the application form, to enable the authorities of the donor government to select the twenty-five (25) most deserving candidates. Given that UNESCO grants priority to gender equality, special attention will be given to women's candidatures. Owing to the limited number of fellowships available, only candidates having exceptional merit and excellent potential will be considered under this co-sponsored programme.

The annexes to this letter provide detailed information concerning the requisite qualifications, the facilities offered, the general conditions governing the award of fellowships as well as the procedure for the submission of applications.

We would be most grateful if you could address the submission of candidatures (**in triplicate**) to the attention of: Ali Zaid, Chief of the Participation Programme and Fellowships Section, UNESCO, 7, place de Fontenoy – 75352 Paris 07 SP (France), **by 30 April 2011 at the latest**.

Please accept, Madam/Sir, the assurances of my highest consideration.

Ali Zaid (Mr)  
Chief,  
Participation Programme and  
Fellowships Section

cc: Permanent Delegations to UNESCO of Invited Member States  
Permanent Delegation of the People's Republic of China to UNESCO  
National Commission of the People's Republic of China for UNESCO  
UNESCO Field Offices (of invited countries)

Enclosures: Annexes I, II and III

Application Form for China/UNESCO – The Great Wall Fellowship  
Foreigner Physical Examination Form  
Certificate of Language Knowledge

7, place de Fontenoy  
75352 Paris 07 SP, France  
Tél +33 (0)1 45 68 15 12  
Fax +33 (0)1 45 68 55 03

E-Mail:  
d.sengoz-gardes@unesco.org

**UNESCO/PEOPLE'S REPUBLIC OF CHINA – THE GREAT WALL  
CO-SPONSORED FELLOWSHIPS PROGRAMME 2011-2012**

Invited Member States and other territories as determined by the Chinese authorities

**ASIA and THE PACIFIC - 28 Member States**

|                                  |                  |
|----------------------------------|------------------|
| BANGLADESH                       | MARSHALL ISLANDS |
| BHUTAN                           | MONGOLIA         |
| CAMBODIA                         | NEPAL            |
| COOK ISLANDS                     | PAKISTAN         |
| DEMOCRATIC PEOPLE' S             | PAPUA NEW GUINEA |
| REPUBLIC OF KOREA                | PHILIPPINES      |
| FIJI                             | SAMOA            |
| INDIA                            | SRI LANKA        |
| INDONESIA                        | TAJIKISTAN       |
| IRAN (ISLAMIC REPUBLIC OF)       | THAILAND         |
| KAZAKHSTAN                       | TURKMENISTAN     |
| KIRIBATI                         | UZBEKISTAN       |
| KYRGYZSTAN                       | VANUATU          |
| LAO PEOPLE'S DEMOCRATIC REPUBLIC | VIET NAM         |
| MALAYSIA                         |                  |

**AFRICA - 46 Member States**

|                                  |                             |
|----------------------------------|-----------------------------|
| ANGOLA                           | LESOTHO                     |
| BENIN                            | LIBERIA                     |
| BOTSWANA                         | MADAGASCAR                  |
| BURKINA FASO                     | MALAWI                      |
| BURUNDI                          | MALI                        |
| CAMEROON                         | MAURITIUS                   |
| CAPE VERDE                       | MOZAMBIQUE                  |
| CENTRAL AFRICAN REPUBLIC         | NAMIBIA                     |
| CHAD                             | NIGER                       |
| COMOROS                          | NIGERIA                     |
| CONGO                            | RWANDA                      |
| COTE D'IVOIRE                    | SAO TOME AND PRINCIPE       |
| DEMOCRATIC REPUBLIC OF THE CONGO | SENEGAL                     |
| DJIBOUTI                         | SEYCHELLES                  |
| EQUATORIAL GUINEA                | SIERRA LEONE                |
| ERITREA                          | SOMALIA                     |
| ETHIOPIA                         | SOUTH AFRICA                |
| GABON                            | SWAZILAND                   |
| GAMBIA                           | TOGO                        |
| GHANA                            | UGANDA                      |
| GUINEA                           | UNITED REPUBLIC OF TANZANIA |
| GUINEA-BISSAU                    | ZAMBIA                      |
| KENYA                            | ZIMBABWE                    |

**ARAB STATES - 1 Member State**

YEMEN

**OTHER TERRITORIES**

PALESTINIAN AUTONOMOUS TERRITORIES

## UNESCO/PEOPLE'S REPUBLIC OF CHINA – THE GREAT WALL CO-SPONSORED FELLOWSHIPS PROGRAMME 2011-2012

With a view to promoting international exchanges in the field of education, culture, communication, science and technology, and to enhancing friendship among peoples of the world, the Government of the People's Republic of China has placed at the disposal of UNESCO for the academic year 2011-2012, under the co-sponsorship of UNESCO, **twenty five (25)** fellowships for advanced studies at undergraduate and postgraduate levels. These fellowships are for the benefit of developing Member States in Africa, Asia and the Pacific and certain countries in the Arab States (see Annex No. I).

The fellowships, tenable at a selected number of Chinese universities, are of one year duration. These fellowships, which are in most cases to be conducted in English, are offered to senior advanced students wishing to pursue higher studies or intending to undertake individual research with periodic guidance from the assigned supervisor. In exceptional cases, candidates may be required to study the Chinese language before taking up research/study in their fields of interest.

### A. FIELDS OF PROPOSED STUDIES AT SELECTED UNIVERSITIES

Please visit the below official web page of China Scholarship Council (CSC) for the fields of proposed studies\* at the selected Chinese universities. (see Annex No. III)

### B. QUALIFICATIONS REQUIRED

- (i.) Hold at least the equivalent of the Master's Degree/above or the Bachelor's Degree;
- (ii.) English proficiency is required;
- (iii.) Be not more than 45 years of age; and
- (iv.) Be in good health, both physically and mentally.

### C. PROCEDURE FOR THE SUBMISSION OF APPLICATIONS

All applications should be endorsed by the relevant Government body (the National Commission or Permanent Delegation) and must be made in English with the following attachments:

- (i.) **Application form for China/UNESCO The Great Wall Fellowship** (copy attached) **in triplicate**;
- (ii.) 3 photographs;
- (iii.) Notarized photocopies of diplomas and certificates, and school-certified transcripts of complete academic records (translated in English when applicable), **in triplicate**;
- (iv.) Copy of the university's invitation letter, for those students who have been admitted in advance by a Chinese university, **in triplicate**;
- (v.) Two letters of recommendation (in English) by professors or associate professors familiar with the work of the candidate, **in triplicate**;
- (vi.) A study or research proposal containing no less than 400 words (in English) of the post-graduate study to be undertaken during the candidate's stay in China, **in triplicate**;
- (vii.) Foreigner Physical Examination form to be completed and communicated to UNESCO **by 1 April 2011** (copy attached), **in triplicate**; and
- (viii.) English language proficiency certificate, **in triplicate**.

\*When completing the form, each candidate is requested to specify **3** possible host institutions in China indicating **one field of study** as personal preference. Applicants may wish to visit the web page of China Scholarship Council, [www.csc.edu.cn](http://www.csc.edu.cn); select "Study in China" tab on the above menu; and refer to "Chinese Higher Education Institutions Admitting International Students under CGSP" hyperlink listed for details regarding the selected host institutions. Applicants are also invited to make their selection through the link: <http://en.csc.edu.cn/Laihua/Search.aspx>

#### D. SUBMISSION OF CANDIDATURES

The letter of nomination should reach UNESCO (Attention: Ali Zaid, Chief Fellowships Programme Section) 7 Place de Fontenoy, 75352 Paris 07 SP, France, imperatively **on or before 30 April 2011**. An advance copy of the application can be sent by fax (number +33-1 45 68 55 03).

**Files which are not complete or which are received after the above deadline, as well as candidates who do not fulfill the above-mentioned requirements, will not be taken into consideration.**

#### E. SELECTION OF BENEFICIARIES

The Chinese authorities will select the **twenty-five (25)** most qualified candidates. The National Commissions of the **selected** fellows will be duly informed by UNESCO.

**Candidates not informed of their selection by 31 August 2011  
should consider that their applications  
have not been approved**

#### F. FACILITIES OFFERED BY THE GOVERNMENT OF THE PEOPLE'S REPUBLIC OF CHINA

- (i.) A monthly living allowance of **CNY 1,700 Yuan** for general scholars or **CNY 2,000 Yuan** for senior scholars will be granted covering meals and pocket expenses;
- (ii.) A one-time settlement subsidy of **CNY 1,000 Yuan** will be granted to those who will study in China less than one academic year, and **CNY 1,500 Yuan** to those who will study in China for one academic year and above, upon their arrival in China;
- (iii.) Registration and tuition fees, fee for laboratory experiment, fee for internship, fee for basic/necessary learning materials\*;
- (iv.) Accommodation facilities (one dormitory room for two students);
- (v.) Fee for outpatient medical service for expenses generated in the institution's hospital;
- (vi.) Comprehensive Medical Insurance and Protection Scheme for International Students in China against hospitalizing for serious diseases and accidental injuries\*\*; and
- (vii.) A one-time inter-city travel ticket (each for coming in and leaving China).  
A hard – seat train ticket (hard-berth train ticket for overnight trip) will be provided for new scholarship students traveling **from** the port of entry upon registration **to** the city where the admitting institution of Chinese language institution or preparatory education institution is located; students traveling **from** the Chinese language institution or preparatory education institution **to** the city where the university for major study is located; and students traveling **from** the city where the institution is located **to** the nearest port of departure upon graduation.

\*Costs beyond the university's arrangements should be self-afforded.

\*\*The students are to cover a certain percentage of expenses. Claim for compensation with the relevant payment receipts may be asked from the insurance company according to the stipulated insurance articles. The individual claim will not be accepted by the insurance company.

#### G. FACILITIES OFFERED BY UNESCO

- (i.) International travel to and from China; and
- (ii.) Monthly allowance of **US \$150** to be paid in local currency (Chinese RMB) during their stay in China, in addition to the living allowance granted by the Government of the People's Republic of China.

**Important :** No allowance to finance or lodge married couples or family members will be granted.

**(Note : It is the National authorities' responsibility to ensure that all candidates are duly informed of all the above-mentioned conditions before the submission of applications for the fellowships.)**

接受中国政府奖学金来华留学生普通高等学校名录  
CHINESE INSTITUTIONS ADMITTING INTERNATIONAL STUDENTS  
UNDER CHINESE GOVERNMENT SCHOLARSHIP PROGRAMS

安徽省 (4) ..... ANHUI PROVINCE

- |                                |                                               |
|--------------------------------|-----------------------------------------------|
| 1. 安徽大学                        | ANHUI UNIVERSITY                              |
| 安徽省合肥市肥西路 3 号 230039           | No.3 Feixilu HEFEI 230039                     |
| Tel: 0551-5107600 0551-5108171 | Email: sunyong@ahu.edu.cn, rockzhy@ahu.edu.cn |
| Fax: 0551-5107600              | http://www.ahu.edu.cn                         |
| 2. 安徽师范大学                      | ANHUI NORMAL UNIVERSITY                       |
| 安徽省芜湖市北京东路 1 号 241000          | No.1 Beijing East Road WUHU 241000            |
| Tel: 0553-3869406 0553-3937088 | Email: liuban@mail.ahnu.edu.cn                |
| Fax: 0553-3839452              | http://www.ahnu.edu.cn/site/cie/              |
| 3. 合肥工业大学                      | HEFEI UNIVERSITY OF TECHNOLOGY                |
| 安徽省合肥市屯溪路 193 号 230009         | No.193 Tunxilu HEFEI 230009                   |
| Tel: 0551-2905619              | Email: hmj8848@163.com                        |
| Fax: 0551-2904410              | http://www.hfut.edu.cn                        |
| 4. 中国科学技术大学 ★                  | UNIVERSITY OF SCIENCE & TECHNOLOGY OF CHINA   |
| 安徽省合肥市金寨路 96 号 230026          | No.96 Jinzhai Road HEFEI 230026               |
| Tel: 0551-3603144              | Email: judysben@ustc.edu.cn                   |
| Fax: 0551-3632579              | http://www.ustc.edu.cn                        |

北京市 (34) ● ..... BEIJING MUNICIPALITY

- |                              |                                                        |
|------------------------------|--------------------------------------------------------|
| 5. 北京大学 ★                    | PEKING UNIVERSITY                                      |
| 北京大学勺园 3 号楼留学生办公室 100871     | Shaoyuan Building 3, Peking University Beijing, 100871 |
| Tel: 010-62751230 62752747   | Email: study@pku.edu.cn                                |
| Fax: 010-62751233            | http://www.oir.pku.edu.cn                              |
| 6. 北京第二外国语学院                 | BEIJING INTERNATIONAL STUDIES UNIVERSITY               |
| 北京市定福庄南里 1 号 100024          | No.1 Dingfuzhuang Nanli BEIJING 100024                 |
| Tel: 010-65778827 65778813   | Email: ieco@bisu.edu.cn                                |
| Fax: 010-65778827            | http://www.bisu.edu.cn                                 |
| 7. 北京电影学院                    | BEIJING FILM ACADEMY                                   |
| 北京市西土城路 4 号 H 座 106 室 100088 | No.4 Xi Tu Cheng Road BEIJING 100088                   |
| Tel: 010-82045433            | Email: ao.is@bfa.edu.cn                                |
| Fax: 010-82045747            | http://www.bfa.edu.cn                                  |
| 8. 北京工业大学                    | BEIJING UNIVERSITY OF TECHNOLOGY                       |
| 北京市朝阳区平乐园 100 号 100124       | No.100 Pingleyuan, Chaoyang District, BEIJING 100124   |
| Tel: 010-67391858 67392472   | Email: beijingtech@bjut.edu.cn                         |
| Fax: 010-67391859 67392319   | http://www.bjpu.net.cn                                 |
| 9. 北京航空航天大学 ★                | BEIHANG UNIVERSITY                                     |

- 北京市学院路 37 号国际学院 100191  
Tel:010-82316488 82339165  
Fax:010-82339326
- No.37 Xueyuan Road, Haidian District, BEIJING 100191  
Email: fso@buaa.edu.cn  
<http://is.buaa.edu.cn>
10. 北京化工大学  
北京市北三环东路 15 号 100029  
Tel: 010-64434754 64451480  
Fax:010-64423610
- BEIJING UNIVERSITY OF CHEMICAL TECHNOLOGY**  
No.15 Beisanhuan Donglu BEIJING 100029  
Email: faoffice@mail.buct.edu.cn  
<http://www.buct.edu.cn>
11. 北京交通大学 ★  
北京市西直门外上园村 3 号 100044  
Tel:010-51684535 51688351 51688201  
Fax:010-62255671
- BEIJING JIAOTONG UNIVERSITY**  
No.3 Shangyuan Cun Xizhimenwai BEIJING 100044  
Email: apply@bjtu.edu.cn  
<http://www.njtu.edu.cn/jg/jgws/>
12. 北京科技大学★  
北京市海淀区学院路 30 号 100083  
Tel:010-62332942 62332531  
Fax:010-62327878
- UNIVERSITY OF SCIENCE & TECHNOLOGY BEIJING**  
No.30 Xueyuan Road, Haidian District, BEIJING 100083  
Email: dfa@ustb.edu.cn  
<http://www.ustb.edu.cn>
13. 北京理工大学 ★  
北京市海淀区中关村南大街 5 号 100081  
Tel: 010-68918706 68918120 68911438  
Fax: 010-68914846
- BEIJING INSTITUTE OF TECHNOLOGY**  
No.5 Zhongguancun South Str. BEIJING 100081  
Email: enlinw@bit.edu.cn, shics@bit.edu.cn  
<http://www.bit.edu.cn>, <http://isc.bit.edu.cn>
14. 北京林业大学  
北京市清华东路 35 号, 226 信箱 100083  
Tel: 010-62338271  
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BOX 226, No.35 Qinghua East Road, Beijing 100083  
Email: diaoyr@bjfu.edu.cn wbwangjin@bjfu.edu.cn  
<http://www.studybeijing.com.cn>
15. 北京师范大学 ★  
北京市新街口外大街 19 号 100875  
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No.19 Xijiekouwai Street, BEIJING 100875  
Email: liulx@bnu.edu.cn, isp@bnu.edu.cn  
<http://www.bnuxsh.com>
16. 北京体育大学  
北京市海淀区信息路 48 号 100084  
Tel: 010-62989341 62989391  
Fax: 010-62989472
- BEIJING SPORT UNIVERSITY**  
No.48, Xinxu Road BEIJING 100084  
Email: bupefso@sina.com bupefso@yahoo.com.cn  
<http://www.bsu.edu.cn>
17. 北京外国语大学  
北京市西三环北路 2 号 100089  
Tel: 010-88810671  
Fax: 010-88812587
- BEIJING FOREIGN STUDIES UNIVERSITY**  
No.2 Xisanhuan Beihu BEIJING 100089  
Email: wscfxb@bfsu.edu.cn  
<http://www.bfsu.edu.cn>, [Http://fb.bfsu.edu.cn](http://fb.bfsu.edu.cn)
18. 北京邮电大学★  
北京市海淀区西土城路 10 号 100876  
Tel: 010-62281949  
Fax: 010-62281774
- BEIJING UNIVERSITY OF POSTS & TELECOMMUNICATIONS**  
No.10 Xitucheng Road, Haidian District, BEIJING 100876  
Email: wscbupt@bupt.edu.cn  
<http://www.bupt.edu.cn>
19. 北京语言大学  
北京市学院路 15 号 100083
- BEIJING LANGUAGE & CULTURE UNIVERSITY**  
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- Tel: 010-82303086 82303088  
Fax: 010-82303087
- Email: Zhaoshl@blcu.edu.cn  
<http://www.blcu.edu.cn>, <http://www.studyinblcu.cn>
- 20. 北京中医药大学 ★**  
北京市北三环东路 11 号 100029  
Tel: 010-64286303 64286502  
Fax: 010-64220858 64287519
- BEIJING UNIVERSITY OF CHINESE MEDICINE**  
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<http://www.bucm.edu.cn>
- 21. 对外经济贸易大学 ★**  
北京市惠新东街 10 号 100029  
Tel: 010-64492327 6449-2329  
Fax: 010-64493820
- UNIVERSITY OF INTERNATIONAL BUSINESS & ECONOMICS**  
No.10 Huixin Dongjie BEIJING 100029  
Email: sie@uibe.edu.cn  
<http://www.uibe.edu.cn>
- 22. 华北电力大学 (北京) ★**  
北京市昌平区回龙观北农路 2 号 102206  
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Fax: 010-80793074
- NORTH CHINA ELECTRIC POWER UNIVERSITY**  
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- 23. 清华大学 ★**  
北京市清华园 1 号 100084  
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Fax: 010-61772164 61772342
- TSINGHUA UNIVERSITY**  
No.1 Qinghuayuan BEIJING 100084  
Email: undgrad@tsinghua.edu.cn grad@tsinghua.edu.cn  
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- 24. 首都经济贸易大学**  
北京市朝阳金台里 2 号 100026  
Tel: 010-65064328 65976331  
Fax: 010-65006091 65001706
- CAPITAL UNIVERSITY OF ECONOMICS & BUSINESS**  
No.2 Chaoyangjintaili BEIJING 100026  
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<http://www.cueb.edu.cn>
- 25. 首都师范大学**  
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Fax: 010-68901073 68416837
- CAPITAL NORMAL UNIVERSITY**  
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<http://study.ciecn.cn>
- 26. 首都体育学院**  
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Tel: 010-82099177  
Fax: 010-82099120
- CAPITAL INSTITUTE OF PHYSICAL EDUCATION**  
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- 27. 外交学院**  
北京市西城区展览路 24 号 100037  
Tel: 010-68323348 68323894  
Fax: 010-68348664 68323243
- CHINA FOREIGN AFFAIRS UNIVERSITY**  
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- 28. 中国地质大学 (北京)**  
北京市学院路 29 号 100083  
Tel: 010-82321080  
Fax: 010-82321080
- CHINA UNIVERSITY OF GEOSCIENCES (BEIJING)**  
No.29 Xueyuanlu BEIJING 100083  
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- 29. 中国科学院研究生院 ★**  
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北京市石景山区玉泉路甲 19 号 100049
- GRADUATE UNIVERSITY OF CHINESE ACADEMY OF SCIENCES (PHD Program only)**  
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<http://www.gscaas.net.cn>
32. **中国人民大学 ★**  
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Fax: 010-62515343
- RENMIN UNIVERISTY OF CHINA**  
No.59 Zhongguancun Dajie BEIJING 100872  
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<http://www.ruc.edu.cn>
33. **中国政法大学**  
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- CHINA UNIVERISTY OF POLITICAL SCIENCE & LAW**  
No.25 Xitucheng Rd, BEIJING 100088  
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<http://www.cupl.edu.cn>
34. **中央财经大学**  
北京市学院南路 39 号 100081  
Tel: 010-62288276  
Fax: 010-62288982
- CENTRAL UNIVERSITY OF FINANCE AND ECONOMICS**  
No.39 Xueyuannanlu BEIJING 100081  
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<http://www.cufe.edu.cn>
35. **中央美术学院**  
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Fax: 010-64771019
- CENTRAL ACADEMY OF FINE ARTS**  
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<http://www.cafa.edu.cn>
36. **中央民族大学 ★**  
北京市中关村南大街 27 号 100081  
Tel: 010-68934344 68933263  
Fax: 010-68933459
- MINZU UNIVERSITY OF CHINA**  
No.27 Zhongguancun Nandajie, BEIJING 100081  
Email: studyinbeijincun@yahoo.com.cn  
<http://www.muc.edu.cn>
37. **中央戏剧学院**  
北京市东棉花胡同 39 号 100710  
Tel: 010-64035626  
Fax: 010-64016479
- THE CENTRAL ACADEMY OF DRAMA**  
No.39 Dongmianhua Hutong BEIJING 100710  
Email: lxs@zhongxi.cn  
[www.chntheatre.edu.cn](http://www.chntheatre.edu.cn)
38. **中央音乐学院**  
北京市鲍家街 43 号 100031  
Tel: 010-66413202  
Fax: 010-66413138
- CENTRAL CONSERVATORY OF MUSIC**  
No.43 Baojiajie, BEIJING 100031  
Email: fso@ccom.edu.cn  
<http://www.ccom.edu.cn>

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39. 福建师范大学  
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Fax: 0591-83533795

FUJIAN NORMAL UNIVERSITY  
No.8, Shangshan Rd, Cangshan, FUZHOU 350007  
Email: iccsfjnu@263.net  
http://iccs.fjnu.edu.cn

40. 厦门大学 ★  
福建省厦门市思明南路 422 号 361005  
Tel: 0592-2184792  
Fax: 0592-2180256

XIAMEN UNIVERSITY  
No.422 Siming Nanhu XIAMEN 361005  
Email: admissions@xmu.edu.cn  
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GANSU PROVINCE

41. 兰州大学 ★  
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Tel: 0931-8912853, 8912794, 8914290  
Fax: 0931-8612087

LANZHOU UNIVERSITY  
199 West Donggang Road, Lanzhou, Gansu Province. 730000  
Donggang Road, Lanzhou, Gansu Province. 730000  
Email: interadmission@lzu.edu.cn, chenweinina@lzu.edu.cn  
http://sice.lzu.edu.cn

42. 兰州交通大学  
甘肃省兰州市安宁西路 88 号 730070  
Tel: 0931-4956182, 4956309  
Fax: 0931-7667661

LANZHOU JIAOTONG UNIVERSITY  
No.88 Aning West Rd. LANZHOU 730070  
Email: isoadmission@mail.lzjtu.cn  
http://wsc.lzjtu.edu.cn/

43. 西北师范大学  
甘肃省兰州市安宁东路 967 号 730070  
Tel: 0931-7971624, 7971274, 7970321  
Fax: 0931-7971624

NORTHWEST NORMAL UNIVERSITY  
No.967 Aning Donglu LANZHOU 730070  
Email: admissionoffice@163.com  
http://www.nwnu.edu.cn

广东省 (7) .....

GUANGDONG PROVINCE

44. 广州中医药大学  
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Email: wszsb@gzhtcm.edu.cn  
http://www.gzhtcm.edu.cn

45. 华南理工大学 ★  
广东省广州市番禺区广州大学城 510006  
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Guangzhou Higher Education Mega Centre, Panyu District, GUANGZHOU 510006  
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46. 华南农业大学  
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Fax: 020-85283114

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47. 华南师范大学  
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Fax: 020-85212131, 85215360

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48. 南方医科大学  
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Fax: 020-61648354  
SOUTHERN MEDICAL UNIVERSITY  
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http://www.fimmu.com
49. 汕头大学  
广东省汕头市大学路 243 号 515063  
Tel: 0754-82902316  
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SHANTOU UNIVERSITY  
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50. 中山大学 ★  
广东省广州市新港西路 135 号 510275  
Tel: 020-84110819 87331675 (医科)  
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SUN YAT-SEN UNIVERSITY  
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http://www.sysu.edu.cn

#### 广西壮族自治区 (4) ▲●.....

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51. 广西大学  
广西南宁市大学路 100 号 530004  
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Fax: 0771-3237734  
GUANGXI UNIVERSITY  
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Email: lxs@gxu.edu.cn  
http://www.gxu.edu.cn
52. 广西民族大学  
广西南宁市大学东路 188 号 530006  
Tel: 0771-3262880、3260237  
Fax: 0771-3260829  
GUANGXI UNIVERSITY FOR NATIONALITIES  
No.188 East Daxue Road, NANNING, 530006  
Email: gxungjy109@yahoo.cn  
http://gjy.gxun.edu.cn
53. 广西师范大学  
广西桂林市育才路 15 号 541004  
Tel: 0773-5821163,5857117  
Fax: 0773-5850305,5850310  
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Email: admissn@mailbox.gxnu.edu.cn, lactienvinh@yahoo.com  
http:// www.cice.gxnu.edu.cn
54. 广西医科大学  
广西南宁市双拥路 22 号 530021  
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Fax: 0771-5352523  
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#### GUIZHOU PROVINCE

55. 贵州大学  
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Huaxi District GUIYANG 550025  
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56. 河北大学  
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Fax: 0312-5022648  
HEBEI UNIVERSITY  
No. 180 Wusidong Road BAODING  
Email: hedaliuxue@hotmail.com;  
http:// www. hbu. edu. cn
57. 燕山大学  
河北省秦皇岛市河北大街 438 号 066004  
YANSHAN UNIVERSITY  
438 W. Hebei Avenue, QINGHUANGDAO

Tel: 0335-8047570 8053537  
Fax: 0335-8061449

Email: study@ysu.edu.cn  
http://www.ysu.edu.cn

河南省 (1) .....

58. 郑州大学

郑州市科学大道 100 号 450001  
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Fax: 0371-67781569

HENAN PROVINCE

ZHENGZHOU UNIVERSITY

No.100 Science Avenue ZHENGZHOU 450001  
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黑龙江省 (6) ▲ .....

59. 东北农业大学

哈尔滨市香坊区木材街 59 号 150030  
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Fax: 0451-55190588

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No.59 Mucai Street Xiangfang District HARBIN 150030  
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http://www.neau.edu.cn

60. 哈尔滨工程大学

黑龙江省哈尔滨市南通大街 145 号 150001  
Tel: 0451-82568266  
Fax: 0451-82530010

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http://www.hrbeu.edu.cn

61. 哈尔滨工业大学 ★

黑龙江省哈尔滨市司令街 11 号 150001  
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Fax: 0451-86417792

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62. 哈尔滨师范大学

黑龙江省哈尔滨市和兴路 50 号 150080  
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Fax: 0451-86305382

HARBIN NORMAL UNIVERSITY

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HEILONGJIANG UNIVERSITY

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64. 佳木斯大学

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65. 华中科技大学 ★

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66. 华中农业大学 ★

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HUAZHONG AGRICULTURAL UNIVERSITY

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67. 华中师范大学 ★

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68. 武汉大学 ★

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69. 武汉理工大学 ★

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70. 中国地质大学(武汉) ★

湖北省武汉市鲁磨路 388 号 430074  
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71. 中南财经政法大学

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73. 湖南师范大学

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74. 湘潭大学

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XIANGTAN UNIVERSITY  
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75. 中南大学 ★

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Email: beihuauniversity@hotmail.com  
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77. 长春理工大学  
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78. 东北师范大学  
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Fax: 0431-85684027  
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79. 吉林大学 ★  
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80. 吉林师范大学  
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81. 延边大学  
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83. 河海大学 ★  
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84. 江南大学 ★  
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85. **南京大学 ★**  
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86. **南京航空航天大学**  
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87. **南京理工大学**  
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90. **南京信息工程大学**  
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99. 大连理工大学 ★  
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103. 东北大学 ★  
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107. 中国医科大学

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108. 内蒙古大学

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109. 内蒙古工业大学

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110. 内蒙古农业大学

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111. 内蒙古师范大学

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114. 山东师范大学  
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115. 中国海洋大学 ★  
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117. 陕西师范大学  
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118. 西安电子科技大学  
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<http://www.usst.edu.cn>
131. 上海师范大学  
中国上海市桂林路 100 号 上海师范大学留学生办公室  
Tel: 021—64323905  
Fax: 021—64321082  
**SHANGHAI NORMAL UNIVERSITY**  
International Students Office, Shanghai Normal University, No.100 Guilin Rd. Shanghai 200234 P.R. China  
Email: helen\_zxb@shnu.edu.cn  
<http://www.shnu.edu.cn>
132. 上海体育学院 ★  
上海体育学院国际文化交流学院  
上海市清源环路 588 号 200438  
Tel: 021—51253381  
Fax: 021—51253383  
**SHANGHAI UNIVERSITY OF SPORT**  
The School of International Cultural Exchange, Shanghai University of Sport No.588 Qingyuanhuan Rd, SHANGHAI 200438  
Email: cice@sus.edu.cn  
<http://www.sus.edu.cn>
133. 上海外国语大学  
上海市大连西路 550 号 200083 上海外国语大学 外国留学生部  
Tel: 021—65360599, 65311900 转 2961, 2963 分机  
Fax: 021—65313756  
**SHANGHAI INTERNATIONAL STUDIES UNIVERSITY**  
Office of International Student Affairs, Shanghai International Studies University  
No.550 Dalianxilu SHANGHAI 200083  
Email: Oisa@shisu.edu.cn  
<http://oisa.shisu.edu.cn>
134. 上海音乐学院  
上海市汾阳路 20 号 200031  
上海音乐学院留学生办公室  
Tel: 021—64310305 64316745  
Fax: 021—64310305  
**SHANGHAI CONSERVATORY OF MUSIC**  
Foreign Cultural Education Center, Shanghai Conservatory of Music  
No.20 Fenyanglu SHANGHAI 200031  
Email: shcmfso@yahoo.com  
<http://www.shcmusic.edu.cn>
135. 上海中医药大学  
上海市浦东新区张江高科技园区蔡伦路 1200 号 201203  
上海中医药大学 国际教育学院  
Tel: 021—51322255 51322285  
Fax: 021—51322285 51322276  
**SHANGHAI UNIVERSITY OF TRADITIONAL CHINESE MEDICINE**  
International Education College, Shanghai University of Traditional Chinese Medicine  
No. 1200 Cailun Road, Zhangjiang Hi-Tech Park, Pudong New District, Shanghai, P.R. China 201203.  
Email: admissions@shtcm.com  
<http://www.shtcm.com>
136. 同济大学 ★  
中国 上海 杨浦区 四平路 1239 号 综合楼 703A 室 200092  
**TONGJI UNIVERSITY**  
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Fax: 021—65987933

Email: hongli@tongji.edu.cn istju@tongji.edu.cn  
http://www.istju.edu.cn

四川省 (4) ..... **SICHUAN PROVINCE**

137. 电子科技大学★

**UNIVERSITY OF ELECTRONIC SCIENCE & TECHNOLOGY  
OF CHINA**

电子科技大学国际教育学院, 中国成都建设  
北路二段四号 610054

Main Building Mid-144, School of International Education, UESTC  
No.4, 2nd Section, North Jianshe Road, Chengdu, Sichuan Province, P. R.  
China 610054

Tel: 028—83200203 83202357  
Fax: 028—83202365

Email: admission@uestc.edu.cn or wwq@uestc.edu.cn  
http://www.uestc.edu.cn http://www.oice.uestc.edu.cn

138. 四川大学 ★

**SICHUAN UNIVERSITY**

中国 成都 九眼桥望江路 29 号 610064

No.29 Wangjianglu CHENGDU 610064

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/85501780

Email: Nic8202@scu.edu.cn mdj@scu.edu.cn  
leihong\_hs@163.com

Fax: 028—85405773

http://www.scu.org.cn www.wcums.edu.cn

139. 西南财经大学

**SOUTHWEST UNIVERSITY OF FINANCE & ECONOMICS**

四川省成都市光华村街 55 号 610074

No.55 Guanghuacunjie CHENGDU 610074

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Email: international@swufe.edu.cn cicswufe@yahoo.com.cn

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140. 西南交通大学 ★

**SOUTHWEST JIAOTONG UNIVERSITY**

四川省成都市二环路一段 111 号西南交通大  
学外事处 610031

International Affairs Office Southwest Jiaotong University Chengdu,  
610031 Sichuan, P.R.China

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Email: fad@home.swjtu.edu.cn

Fax: 028—87605147

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天津市 (8) ..... **TIANJIN MUNICIPALITY**

141. 南开大学 ★

**NANKAI UNIVERSITY**

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Email: admin@nankai.edu.cn

Fax: 022—23502990

http://www.nankai.edu.cn

142. 天津大学 ★

**TIANJIN UNIVERSITY**

天津市卫津路 92 号 300072

No.92 Weijinlu TIANJIN 300072

Tel: 022—27406691 27406147

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Fax: 022—27406147

http://www.tju.edu.cn

143. 天津职业技术师范大学

**TIANJIN UNIVERSITY OF TECHNOLOGY & EDUCATION**

天津市河西区柳林东 300222

East Liulin, Hexi District, TIANJIN 300222

Tel: 022—88181558 28116976

Email: tute\_inter@163.com

Fax: 022—28116976

http://www.tute.edu.cn

144. 天津科技大学

**TIANJIN UNIVERSITY OF SCIENCE & TECHNOLOGY**

天津市河西区大沽南路 1038 号 300222

No.1038, Daguanan Rd, Hexi District, TIANJIN 300222

Tel: 022—60273057

Email: study@tust.edu.cn

- Fax: 022-60273450 <http://www.tust.edu.cn>
145. 天津师范大学  
天津市卫津路 241 号 300074  
Tel: 022-23540221  
Fax: 022-23514100  
TIANJING NORMAL UNIVERSITY  
No.241 Weijing Road, TIANJIN 300074  
Email: tjnu\_adm@yahoo.com.cn  
<http://www.tjnu.edu.cn>
146. 天津外国语学院  
天津市马场道 117 号 300204  
Tel: 022-23286974 23285650  
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TIANJIN FOREIGN STUDIES UNIVERSITY  
No.117 Machangdao TIANJIN 300204  
Email: foreignstudents@tjfsu.edu.cn  
<http://www.tjfsu.edu.cn>
147. 天津医科大学 ★  
天津市气象台路 22 号 300070  
Tel: 022-23542584 23542757  
Fax: 022-23542584  
TIANJIN MEDICAL UNIVERSITY  
No.22 Qixiangtai Rd. TIANJIN 300070  
Email: fenglin\_guo2005@yahoo.com.cn  
<http://www.tjmu.edu.cn>
148. 天津中医药大学 ★  
天津市南开区玉泉路 88 号 300193  
Tel: 022-27374931 59596555  
Fax: 022-27374931  
TIANJIN UNIVERSITY OF TRADITIONAL CHINESE MEDICINE  
No.88, Yuquanlu, Nankai District TIANJIN 300193  
Email: tutcm@hotmail.com wailianb@tjutcm.edu.cn  
<http://www.tjutcm.edu.cn>

#### 新疆维吾尔自治区 (4) ▲..... XINJIANG UYGUR AUTONOMOUS REGION

149. 石河子大学  
新疆石河子市北四路 832003  
Tel: 0993-2057300  
Fax: 0993-2057351  
SHIHEZI UNIVERSITY  
Beisilu SHIHEZI 832003  
Email: Jason\_1206@163.com  
<http://wsbm.shzu.edu.cn/English.htm>
150. 新疆大学  
新疆乌鲁木齐市胜利路 14 号 830046  
Tel: 0991-8586029  
Fax: 0991-8586029  
XINJIANG UNIVERSITY  
No.14 Shengli Rd. URUMUQI 830046  
Email: icec12@xju.edu.cn  
<http://202.201.252.228/gjlx/Html/Main.asp>
151. 新疆师范大学  
新疆乌鲁木齐市新医路 102 号 830054  
Tel: 0991-4333976 4333954  
Fax: 0991-4333976 4332598  
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No.102 xinyi Rd. URUMUQI 830054  
Email: gugi2008@mail.ru htjd@xjnu.edu.cn  
<http://www.xjnu.edu.cn>
152. 新疆医科大学  
新疆乌鲁木齐市新医路 393 号 830011  
Tel: 0991-4365721  
Fax: 0991-4361881  
XINJIANG MEDICINE UNIVERSITY  
No.393 Xinyi Rd. URUMUQI 830011  
Email: IEC@xjmu.edu.cn  
<http://www.xjmu.edu.cn>

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153. 昆明理工大学  
昆明市一二一大街文昌路 68 号 650093  
KUNMING UNIVERSITY OF SCIENCE & TECHNOLOGY  
No.68 Wenchanglu 121Street KUNMING 650093

Tel: 0871—5144184 5173655

Fax: 0871—5173655 5175335

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154. 云南大学

云南省昆明市翠湖北路2号 650091

Tel: 0871—5031756

Fax: 0871—5183424

YUNNAN UNIVERSITY

No.2 North Cuihu Rd. KUNMING, 650091

Email: lxsk@ynu.edu.cn

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155. 云南财经大学

云南省昆明市龙泉路237号 650221

Tel: 0871—5122394 5192551

Fax: 0871—5123634

YUNNAN UNIVERSITY OF FINANCE & ECONOMICS

No.237 Longquanlu KUNMING 650221

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http://www.ynufe.edu.cn

156. 云南师范大学

云南省昆明市一二一大街298号 650092

Tel: 0871—5516251

Fax: 0871—5516804

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No.298 121 Street, KUNMING, 650092

Email: icisynuu@yahoo.com.cn

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浙江省 (6) ● ..... ZHEJIANG PROVINCE

157. 宁波大学

浙江省宁波市风华路818号 315211

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Fax: 0574-87600236

NINGBO UNIVERSITY

No.818, Fenghualu, NING BO 315211

Email: wangweiwei@nbu.edu.cn

http://www.nbu.edu.cn

158. 浙江大学 ★

浙江省杭州市浙大路38号 310027

Tel: 0571—87952848 87951717

Fax: 0571—87951755

ZHEJIANG UNIVERSITY

No.38 Zheda Road, HANGZHOU 310027

Email: gjxzju@mail.hz.zj.cn

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159. 浙江工业大学

浙江省杭州市潮王路18号 310014

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Fax: 0571—88320160

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160. 浙江理工大学

浙江省杭州下沙高教园区2号大街 310018

Tel: 0571—86843189 86843109

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161. 浙江师范大学

浙江省金华市迎宾大道688号 321004

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Fax: 0579—82283146 82298797

ZHEJIANG NORMAL UNIVERSITY

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162. 中国美术学院

浙江省杭州市南山路218号 310002

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Fax: 0571—87164711

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重庆市 (2) ● ..... CHONGQING MUNICIPALITY

- |                                     |                                                                         |
|-------------------------------------|-------------------------------------------------------------------------|
| 163. 西南大学                           | SOUTHWEST UNIVERSITY                                                    |
| 重庆市北路天生路 1 号 400715                 | No.2 Beibei Tianshenglu CHONGQING 400715                                |
| Tel: 023-68256342 68367823          | Email: <a href="mailto:fstudent@swu.edu.cn">fstudent@swu.edu.cn</a>     |
| Fax: 023-68863805                   | <a href="http://www.swu.edu.cn">http://www.swu.edu.cn</a>               |
| 164. 重庆大学 ★                         | CHONGQING UNIVERSITY                                                    |
| 重庆市沙坪坝沙正街 174 号 400044              | No.174 Shapingba Shazhengjie CHONGQING 400044                           |
| Tel: 023-65102964 65111066 65106177 | Email: <a href="mailto:admissions@cqu.edu.cn">admissions@cqu.edu.cn</a> |
| Fax: 023-65106656                   | <a href="http://www.cqu.edu.cn">http://www.cqu.edu.cn</a>               |

注: 标★的学校为承担“中国政府专项奖学金—高校研究生项目”的院校。

标▲的省份为承担“中国政府专项奖学金—省、自治区学历生项目”的中国有关省、自治区。

标●的省份为承担“中国政府专项奖学金—支持地方奖学金项目”的中国有关省、自治区

Notes: The institutions marked with ★ are those undertaking the Chinese Government Special Scholarship-University Postgraduate Program

The institutions marked with ▲ are those undertaking the Chinese Government Special Scholarship-Degree Oriented Program in Provinces and Autonomous Regions

The institution marked with ● are those undertaking the Chinese Government Special Scholarship-Cooperative Program with Provinces and Autonomous Regions