Application Form of Outstanding Young TCM Practitioners of the Year 2025
2025 年度杰出青年中医师 竞选报名表

(For Applicant to Complete)

Name: _____
姓名

Date of birth: _____
出生日期

Cell phone: _____
电话

Email: _____
电子邮箱

Home address: _____
家庭住址

City: _____ State: _____ Zip code: _____
城市 州 邮政编码

Name of all colleges from which you graduated 毕业学校: _____

Obtained degree: _____
获得学位

Clinic of current practice: _____
现执业诊所名称
Address of current practice: _____
现执业地址

City: _____ State: _____ Zip code: _____
城市 州 邮政编码

Occupational history:
从业经历

_____

_____

_____

_____

_____

_____

Certification:
申请人保证

I certify that all the information provided in this form is true and complete to the best of my knowledge
本人保证，此表格中提供的所有信息均属实且完整

Applicant's signature: _____ Date: _____
申请人签名 日期