



**International Scientific Instrument Technology Workshop
Instrument Technology Research Center
National Applied Research Laboratories**

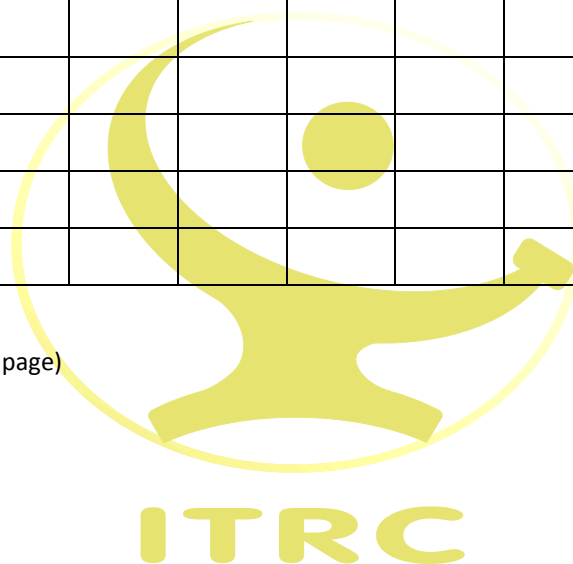
Instruction: Please TYPE in or write with CAPITALIZED character in every column of the form with correct information. Any unclear information may reduce the eligibility of application. You may attach extra materials in the appendix if needed.

I. Personal Information

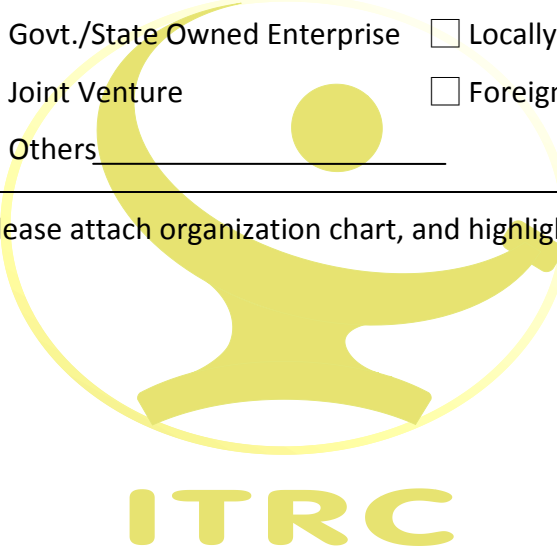
| | | |
|---|---|---|
| 1. Name | First name: _____ Middle name: _____ Last name: _____ | Attach a photo taken in the last 6 month |
| 2. Sex | <input type="checkbox"/> Male <input type="checkbox"/> Female | |
| 3. Marital Status | <input type="checkbox"/> Single <input type="checkbox"/> Married | |
| 4. Date of Birth | Month ____ Day ____ Year ____ | |
| 5. Weight/Height | Weight ____ kg Height ____ cm | |
| 6. Nationality | | |
| 7. Religion | <input type="checkbox"/> Buddhism <input type="checkbox"/> Catholicism <input type="checkbox"/> Christianity <input type="checkbox"/> Islam <input type="checkbox"/> others _____ | |
| 8. Contact information (post address, telephone number, email address) | | |
| 9. Passport | Number: Date of Issue: Place of Issue: Expiration date: | |
| 10. Contact person (in case of emergency) | Name: Relationship: Address: | |

| | | | | | | | | | |
|-------------------------|--|------|------|-----------|------|------|-----------|------|------|
| | Tel: | | | | | | | | |
| 11. Dietary Restriction | <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please specify: | | | | | | | | |
| 12. Allergy | <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please specify: | | | | | | | | |
| 13. Any Medical history | | | | | | | | | |
| 14. Hobbies | Please specify hobbies or sports : | | | | | | | | |
| 15. Language | READING | | | WRITING | | | SPEAKING | | |
| | excellent | good | fair | excellent | good | fair | excellent | good | fair |
| Mother Tongue: _____ | | | | | | | | | |
| English | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

(More columns in the following page)



II. Present Employment

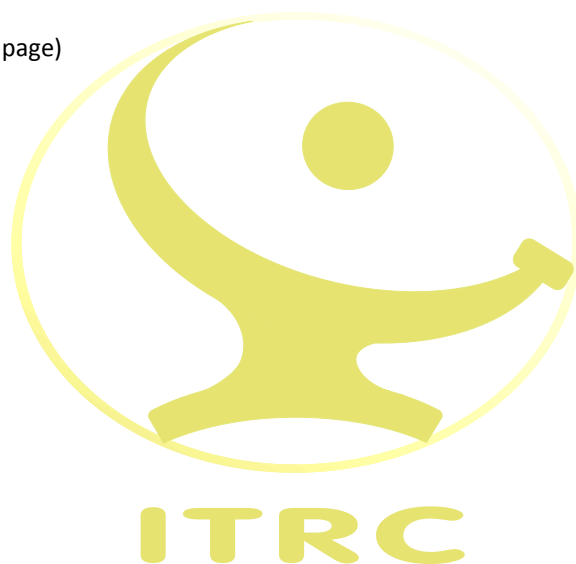
| | |
|---|--|
| 1. Position (Current Job) | Since Month_____ Year _____ |
| 2. Company / Organization | |
| 3. Address of Company / Organization | Add: Tel: Fax: Website: |
| 4. Type of business | |
| 5.Type of organization | <input type="checkbox"/> Govt. Ministry / Agency <input type="checkbox"/> University / Institute <input type="checkbox"/> Govt./State Owned Enterprise <input type="checkbox"/> Locally Owned Enterprise <input type="checkbox"/> Joint Venture <input type="checkbox"/> Foreign Owned Enterprise <input type="checkbox"/> Others _____ |
| 6. Present Job Duties | (Please attach organization chart, and highlight your position in it.)  |

(More columns in the following page)

III. Education and Training

| | |
|--|--|
| 1. Highest Degree | <input type="checkbox"/> Under graduate <input type="checkbox"/> Bachelor <input type="checkbox"/> Master <input type="checkbox"/> Doctor Graduated from _____ Major _____ |
| 2. Training / Workshop | <input type="checkbox"/> No <input type="checkbox"/> Yes, Please specify the types of Workshops : |
| 3. Workshop related Research Activity and/or Work experiences (Briefly) | |

(More columns in the following page)



IV. Objectives for Participation

Notes: State relevancy of this program to your work, and indicate your expectations to the program.

V. Career History

Notes: Please specify your previous career with details of the position, duty, and duration of each.



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(More columns in the following page)

VI. Recommendations from National Selecting Authority

1. Comments on educational qualifications, experience in the subject to be studied, age, health and personality of the candidate:

2. Comments on the language ability of the candidate:



3. Comments on use to which the project training will be put on his return home:

Title of responsible official: _____
(Director general, or above, of relevant department)

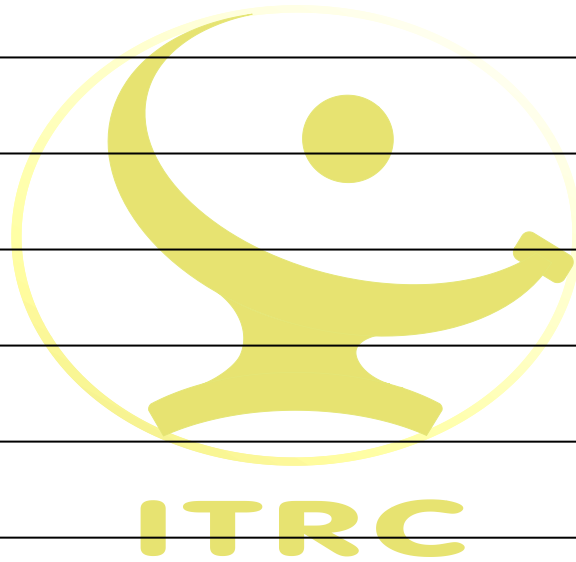
Signature: _____
Name:

Date:

VII. Declaration by Candidate

Notes: Please use HANDWRITING to copy the following statement. **If the statement is not written, the application form will be regarded as incomplete.**

“I hereby declare that the above information provided by me in this document is true and accurate. I understand and accept that any false declaration of information on my part will disqualify me from the program, even when the program is in progress. I hereby also undertake to abide by the regulations prescribed by ITRC during the entire period of this program, and to fully participate in it. I will also take another HIV test, VDRL, TPHA, and a C Hepatitis test upon the arrival in Taiwan.”



Date: _____

Signature: _____

Name: _____

VIII. Appendix

(Attach any materials that help the application, e.g. recommendation letter, job verification etc.)



(End of form)