

新疆大学国际学生入学申请表

Xinjiang Medical University

Application Form for International Students Admission

(Fill out the form on computer and put the scanned signature at the end of the Application Form)

外文·姓 Surname SAMREEN		外文·名 Given Name KHAN			
中文姓名 Chinese Name		国籍 Nationality PAKISTANI			
男/Male <input type="checkbox"/>	未婚/Single <input checked="" type="checkbox"/>	宗教信仰 Religion ISLAM	职业 Occupation STUDENT		
女/Female <input checked="" type="checkbox"/>	已婚/Married <input type="checkbox"/>				
出生日期/Date of Birth		2005 年/Year 09 月/Month 20 日/Day			
出生地点/Place of Birth		国家/Country: PAKISTAN 城市/City: SWAT			
护照号码 Passport No.	AC68042181	护照有效期 Date of Expiration	2032 年/Year 03 月/Month 11 日/Day		
最后学历 Highest Education	HIGH SCHOOL	联系电话 Mobile Number	0092-349000000	邮箱 E-mail	drjawadkhan1@gmail.com
申请类别 (请在方格内打“X”) Category of students (please mark the appropriate box with a cross) <input type="checkbox"/> 汉语进修生 <input type="checkbox"/> 普通进修生 <input type="checkbox"/> 高级进修生 Chinese Language Student General Advanced Students Senior Advanced Student <input checked="" type="checkbox"/> 本科生 <input type="checkbox"/> 研究生 Undergraduate Postgraduate					
申请学习专业 Major Applied for in XJMU		临床医学/ Clinical Medicine(MBBS)			
申请学习时间 Duration of Study		自/From: <u>2024</u> 年/Year <u>09</u> 月/Month 至/To: <u>2030</u> 年/Year <u>07</u> 月/Month			
拟到校学习日期 Proposed Arrival Date at XJMU		<u>2024</u> 年/Year <u>09</u> 月/Month <u>20</u> 日/Day			
永久通讯地址及电话号码 Permanent Address and Telephone Number		国家/County: PAKISTAN 城市/City: MINGORA SWAT 街道/Streets VILLAGE AGHAL P/O BARTHANA . 邮政编码/Postal Code: 190200 电话/Cell.No.: 0092-349000000			
目前通讯地址及电话号码 Current address and Telephone Number		国家/County: PAKISTAN 城市/City: MINGORA 街道/Streets SHERARAI GULKADA NO 3 SAIDU SHARIF SWAT . 邮政编码/Postal Code: 19200 电话/Cell.No.: 0092-349000000			
紧急联系人 (可以是父母或亲戚朋友, 国籍不限): Emergency contact during your stay at XJMU(Contact person can be a parent or relative of applicants) 姓名/Name: JAWAD KHAN 与申请人关系/Relationship to the applicant: BROTHER 电话/Tel: 0092-349000000 手机/Cell: 0092-349000000					

在华事务联系人（或监护人） / Contact Person (or Guardian) in China:

姓名/Name: **NAJEEB ULLAH** 与申请人关系/Relationship to the applicant: **CUSION**

电话/Tel: **17590820000** 手机/Cell: **17590820000**

教育背景/Education Background

校名 School	在学时间 Dates of Study	主修专业 Major Fields of Study	取得证书 Qualifications
DAWAN SCHOOL AND COLLAGE SYSTEM (BISE SWAT)	2021-2023	PRE-MEDICAL	HSSC
SWAT GIRLS MODEL SCHOOL (BISE SWAT)	2019-2021	SCIENCE	SSC

工作经历/Work Experience: 否/No 是/Yes

工作时间 Date	工作地点及单位 Place	职位 Position

经费来源/Source of Finance

<input checked="" type="checkbox"/> 自费 Self-support	担保人姓名/Name of Financial Sponsor: MUHAMMAD NAZAR KHAN 电话/传真 Tel/Fax: 0092-344 9115282 地址/Address: VILLAGE AGHAL P/O BARTHANA SWAT KPK PAKISTAN	
<input type="checkbox"/> 校际交换 University exchange	学校名称/University name: 联系人/Contact person:	电话/传真 Tel/Fax: 邮箱/E-mail:
<input type="checkbox"/> 拟申请奖学金 Scholarship	<input type="checkbox"/> 校奖学金 XJMU scholarship <input type="checkbox"/> 其他奖学金 Other scholarship	

你所具备的汉语基础 Describe Your Backgrounds of Chinese Language

听力 Listening: 很好/Excellent 好/Good 较好/Average 差/Poor 不会/None

会话 Speaking: 很好/Excellent 好/Good 较好/Average 差/Poor 不会/None

阅读 Reading: 很好/Excellent 好/Good 较好/Average 差/Poor 不会/None

写作 Writing: 很好/Excellent 好/Good 较好/Average 差/Poor 不会/None

HSK 考试等级/Level of HSK test: _____

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/School or Employer: _____

在华时间/Time in China: 自/From: 年/Year _____ 月/Month _____ 至/To: 年/Year _____ 月/Month _____

否/No

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

姓名/Name **JAWAD KHAN** 年龄/Age **29** 职业/Employment **DOCTOR** 电话/Phone **0092 349000000**

配偶/Spouse: _____
父亲/Father: MUHAMMAD NAZAR KHAN. 63 Retied Government officer 0092-344 000000
母亲/Mother: SHARAFAT BIBI 48 Government teacher 0092 3460000000

转学生/Transfer Student: 否/No 是/Yes

前大学/Previous University Name: _____

其他需要说明的情况/Further Information:

申请人保证 I hereby affirm that

1. 上述各项中所提供的情况是真实无误的。

All the information filled in this form is true and correct.

2. 文件真实性宣誓书:

本人声明, 本人所提供的新疆医科大学入学证明材料均为本人材料的原件的扫描件, 不存在任何涂改、遗漏的情况。如果我的任何文件被发现是造假或伪造, 一切后果由我本人承担。

Affidavit of Authenticity of documents:

I declare that all the documents I have provided for admission to Xinjiang Medical University are scanned copies of my original documents without any alteration or omission. If any of my documents are found to be forged or falsified, I will bear all the consequences.

3. 在华学习期间, 遵守中国法律、法规, 不从事任何危害中国社会的、与本人来华学习身份不符的活动。
During my stay in China, I shall abide by the laws and decrees of the Chinese government and school regulations, 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.

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 the study in China, I shall abide by the rules and regulations of the host university, and concentrate on my studies and researches, and follow the teaching programs arranged by the university.

4. 按规定期限修完学业, 按期回国, 不能无故在华滞留。


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.


5. 如违反上述保证而受到中国法律、法规或校纪、校规的惩处, 我愿意接受相应的处罚。

If I 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 penalties.

6. 按照学校规定在注册时缴纳学费、住宿费、报名费等其他费用并自觉在中国境内购买留学生综合保险。中途辍学或被开除学籍者, 已交付的相关费用概不退还。

I shall pay the tuition fee, accommodation fee, registration fee and any other fees and buy the Comprehensive Insurance for Foreigner Staying in China by myself before/when I register. I notice that no fees which I paid before will be refunded if I drop off or be dismissed from school.

申请人签字/Applicant's Scanned Signature : 

Sponsor's/Guardian's Scanned Signature: 

日期: Date: 2024 年/YY 05 月/MM 19 日/DD