| Ning | bo Univ | ersity | ' Ap | plicatio | n for | Internatio | nal Students |
|--|--------------|-----------|----------------------------|----------------|--------------------|------------------|------------------|
| 姓 | | | 名 | | | | |
| Family | | | | Given Name | | | |
| Name | | | | | | | |
| 国籍 | | | | 性别 | | | |
| Nationality | | | | Sex | | | |
| 婚否 | Single | | | Ł | | | |
| Marital | Married | | | cupation | | | |
| status | | | | | | | |
| 护照号码 | | | | 教 信 仰 | | | |
| Passport No. | | | | igion | | | |
| 出生日期 | 年 月 | | | 日出生地 | | | |
| Date of Birth | Y | onth | onth Date Place of Birth | | of Birth | | |
| 家庭地址/Home Address | | | | | | | |
| 电子邮箱/E-mail address | | | | | | 联系电话/Tele | phone Number |
| 邮寄地址/Mailing Address: | | | | | | | |
| 最后学历 | | | | | | | |
| Highest Academic Degree Obtained | | | | | | | |
| 毕业学校 - | | | 学校名称/Name of School: | | | | |
| The School Recently Graduated from | | | 地址/Address: | | | | |
| State Recently Statuted Holli | | | 联系电话/Telephone Number: | | | | |
| 家庭成员 | 家庭成员 姓名/Name | | | 位及抽址/F | mnlover | & Address | 联系电话 |
| Family Members | | | 工作单位及地址/Employer & Address | | | | Telephone Number |
| 父亲/Father | | | | | | | |
| 母亲/Mother | | | | | | | |
| 外语熟练程度 | | | | | | | |
| Foreign Language Proficiency | | | | | | | |
| 拟学专业 | | | | | | | |
| Intended Program of Study | | | | | | | |
| | | É | | 年 | J | 月 | |
| 留学期限 | | | rom | Year | Mont | h | |
| Duration of Study in China | | | \equiv | 年 | | 月 | |
| | | Τ | o | Year | Mon | nth | |
| 留学生经费来源 | | | | | | | |
| Financial Support | | | | | | | |
| 在华事务担保人姓名、地址和电话 | | | | | | | |
| (Name, Address and Telephone Number of Your Guarantor in China) DR.NIMSHAD,EDUZONE,008618566070907 | | | | | | | |
| DR.NIMSHAD,EDUZONE,0080185000/090/ | | | | | | | |
| L 申请人保证: (1).上述各项中提供的信息是真实无误的; | | | | | | | |
| (2).在中国学习期间遵守中国政府的法律和学校的规章制度。 | | | | | | | |
| I hereby affirm that: (1) All information above is true and correct; | | | | | | | |
| J | | | | | | e Government an | d the |
| | Re | gulations | of Ni | ngbo Univer | sity | | |
| 由油上标户 | | | | | 7 11 11 | <i></i> | |
| 申请人签字: (Applicant's sig | | | | 日期: _ Date: | | 月日 nonth date | |