



新加坡中医学院

新加坡中医师公会主办

SINGAPORE COLLEGE OF TRADITIONAL CHINESE MEDICINE

640 Toa Payoh Lorong 4, Singapore 319522

www.singaporetcm.edu.sg

T: (65) 6250 3088 F: (65) 63569901

E: admin@singaporetcm.edu.sg

报名表

Application Form

课程选择 (请在□内打✓) PROGRAM SELCTION (PLEASE TICK✓)	
<input type="checkbox"/>	中医学士学位 (中文) - 全日制五年 Bachelor Degree Course in TCM (Chinese) – 5 Years Full Time
<input type="checkbox"/>	中医学士学位 (中文) - 夜间制七年 Bachelor Degree Course in TCM (Chinese) – 7 Years Part Time
<input type="checkbox"/>	中医专业高级文凭 (中文) - 全日制五年 Advanced Diploma in TCM (Chinese) – 5 Years Full Time
<input type="checkbox"/>	中医专业高级文凭 (中文) - 夜间制七年 Advanced Diploma in TCM (Chinese) – 7 Years Part Time

照片
Photo

个人资料 PERSONAL DETAILS			
院方会确保学生资料的私密性 SCTCM will ensure that the Student information is kept confidential at all times			
英文姓名 (同护照) Name as per Passport		华文姓名 Name in Chinese	
身份证号码 NRIC/Fin No	国籍 Nationality	出生日期 DOB	
准证类型 Type of Pass Holder	<input type="checkbox"/> 工作证 EP/SP/WP <input type="checkbox"/> 长期居留证 LTVP <input type="checkbox"/> 家属证 DP <input type="checkbox"/> 其它 Others: _____	有效期 Expiry Date	
性别 Gender	<input type="checkbox"/> 男 M <input type="checkbox"/> 女 F	婚姻状况 Marital Status: <input type="checkbox"/> 单身 Single <input type="checkbox"/> 已婚 Married <input type="checkbox"/> 离异 Divorced	
最高学历 Highest Qualification	<input type="checkbox"/> 博士 PhD <input type="checkbox"/> 硕士 Master <input type="checkbox"/> 学士 Degree <input type="checkbox"/> 大专 Diploma <input type="checkbox"/> 高中 A Level <input type="checkbox"/> 初中 O Level <input type="checkbox"/> 中职技校 ITE <input type="checkbox"/> 其它 Others _____		
毕业院校 Name of Institution	<input type="checkbox"/> 全日制 Full-time <input type="checkbox"/> 兼读制 Part-time	课程时间 Year Attended	_____ 年 (Y) 至 to _____ 年 (Y)
公司名称 Name of Company	<input type="checkbox"/> 一年内是否有全职工作 do you have a full-time job within the past 1 year?		职位 Occupation
邮寄地址 Mailing Address			邮编 Post Code
国外地址 Overseas Address			
手机 Mobile		电邮 E-mail	

其它 OTHERS

您如何了解到新加坡中医学院 HOW DID YOU FIND OUT ABOUT US?

报纸 newspaper 学院网站 Website 电台 Radio 电视 TV Facebook 朋友推荐 Recommendation
 招生资料 flyer 网络广告 online advertisement 横幅广告 Banner 其它 others _____

学习目的 OBJECTIVE OF STUDY

成为中医师 To be TCM Practitioners 成为其他类中医人才 To engage in other TCM related Professionals
 养生保健 For Health Maintenance 掌握一技之长 To learn a skill 业余爱好 As a hobby

申请人申明 DECLARATION BY APPLICANT

1. 余谨声明, 以上填报资料, 均属事实。我同意并授权学院审核以上资料。
I hereby declare that all the particulars furnished by me in this application are true and correct. I authorize any investigation of the above information for the purpose of verification.

2. 我明白报名费恕不退还不可转让。I understand that the application fee is non-refundable and non-transferable.

3. 我同意接收从新加坡中医学院给我的电话、短信与电邮, 不论我是否在网上注册了 DNC。
I agree to receive phone call, text and email from SCTCM. This consent overrides any registration with the DNC registry.

4. 我同意在此申请表中提供的所有个人资料, 包括身份证/护照复印件, 将可以用于课程行政管理。
I consent to all personal data provided in this application (including the photocopy of NRIC/Passport and education certificate) to be used by Singapore College of Traditional Chinese Medicine Limited for the purpose of course administration.

5. 我明白如患有 B 型肝炎、色盲、爱滋病、癫痫与肺结核将不得入学。
I understand that I will not be able to be admitted if I have Hepatitis, Colour Blindness (complete or partial), HIV, Epilepsy, and Active TB.

签名 Signature	日期 Date
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仅供办公室填写 FOR OFFICE USE ONLY

报名费	收据号	经办职员	日期
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