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| --- |
| **Personal Information:** |
| Name: |  | Gender: |  |  |
| Age: |  | Nationality: |  |
| Technical Title or Administrative Position: |  |
| Institution: |  |
| Religion: |  |
| Educational Background: |  |
| **Experience and Qualifications:** |
| Endoscopic Experience: |  |
| Proficiency in English: |  |
| Other Relevant Skills/Qualifications: |  |
| **Required Documents:（please attached in email ）** |
| 1.Full Resume (CV): |
| 2.Hospital Health Certificate: |
| **Declaration (I hereby declare that the information provided in this application form is true and accurate to the best of my knowledge):**  |
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**Belt and Road Digestive Endoscopy International Hands-on Training Program Enrollment Application Form**