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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**