附件3： **境外高校外国学生来津实习申请表**

**Attachment 3: Registration Form for Foreign Students Studying**

**in Overseas Universities Applying for Internship in Tianjin**

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| --- | --- | --- | --- | --- |
| 中文姓名Chinese Name： | 性别Gender：  □男 Male  □女 Female | | 国籍:  Nationality： | **照 片**  **Photo** |
| 英文姓名(与护照一致) English Name(the same as the passport)： | | | |
| 证件类型 Type of ID Certificate： | 证件号码 ID Certificate NO.： | | |
| 最高学历 Highest Degree Granted： | 出生日期 Birth of Date： | | |
| 毕业院校及所学专业 Graduation University and Major： | | | | |
| 申报单位 Employer： | | 拟聘职务（职称） Position(Professional Title)： | | |
| 申报单位联系人 Contact Person of Employer： | | 联系人手机 Mobile Phone Number： | | |
| 国内住址 Add. in China： | | 电子邮箱E-mail： | | |
| 国内手机号码 Mobile Phone Number in China： | | 国外手机号码 Mobile Phone Number in Home Country： | | |
| 国外住址 Add. in Home Country： | | | | |
| 主要工作经历（ Work Experience）：  时间（Time ） 国家（Country） 单位（ Employer） 职务（Position ） | | | | |
| 主要教育经历从本科填起（ Educational Experience Start from Bachelor Degree）：  时间（Time ） 国家（Country） 院校（University） 专业（Major） 学位（Degree） | | | | |
| 个人专长及代表性成果（Field of Specialty and Representative Achievements ）： | | | | |
| 实习计划Plan of Internship: | | | | |
| 本人郑重承诺，在本国及境外无犯罪记录，来华后将严格遵守中国法律法规，自觉服从聘请单位各项管理制度。本申请表上所做之回答均属事实且详尽，所附材料真实、有效，若所提交的内容被发现不实或不详，本人愿意承担法律责任。对所提交的全部申请信息和附件授权可以调查，包括我的工作经历、教育经历和无犯罪记录。  I SOLEMNLY PROMISE THAT I HAVE NO CRIMINAL RECORD BOTH AT MY HOME COUNTRY AND ABROAD. WHEN I ARRIVE IN CHINA AND START TO WORK, I WILL STRICTLY ABIDE BY THE CHINESE LAWS AND REGULATIONS, AND CONSCIOUSLY OBEY THE MANAGEMENT SYSTEM OF THE EMPLOYING INSTITUTION. I CERTIFY THAT ALL THE ANSWERS TO THIS APPLICATION AND RELEVANT ATTACHMENTS TO IT ARE TRUE AND COMPLETED. IF THE INFORMATION IS FOUND TO BE UNTRUE OR UNCOMPLETED, I AM AWARE THAT I NEED TO UNDERTAKE CORRESPONDING LEGAL RESPONSIBILITIES.I UNDERSTAND THAT ALL OF THE INFORMATION IN THIS APPLICATION AND DOCUMENTS SUBMITTED WITH THIS APPLICATION MAY BE CHECKED BY RELEVANT PARTIES, INCLUDINGMY EMPLOYMENT, WORK PERFORMANCE,ABILITIES,EDUCATION,PERSONAL EXPERIENCES AND CONVICTION RECORDS.I CONFIRM THAT, IF I AM OVER SIXTY YEARS OLD,I WILL APPLY FOR MEDICAL INSURANCE COVERAGE AS ARE NEEDED DURING MY WORK PERIOD IN CHINA.  申请人签名SIGNATURE OF APPLICANT    日期DATE(yyyy-mm-dd) | | | | |
| 本单位承诺如实向行政机关提交有关材料和反映真实情况，并对申请材料实质内容的真实性负责,承担相关法律责任。  THE EMPLOYER HEREBY DECLARES THAT ALL THE DOCUMENTS AND INFORMATIONS SUBMITTED TO THE AUTHORITY ARE TRUE,AND SHALL BE RESPONSIBLE TO THE AUTHENTICITY OF THE DOCUMENTS AND UNDERTAKE CORRESPONDING LEGAL RESPONSIBILITIES.  单位公章（Seal of Employer） 年 月 日  YYYY MM DD | | | | |