



新加坡中医学院

SINGAPORE COLLEGE OF TRADITIONAL CHINESE MEDICINE

640 Toa Payoh Lorong 4, Singapore 319522

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

新加坡中医师公会主办

www.singaporetcm.edu.sg

E: admin@singaporetcm.edu.sg

报名表格

Application Form

课程选择 (请在□内打√) PROGRAM SELCTION (PLEASE TICK✓)

- 中医学士学位 (中文) - 全日制五年
Bachelor Degree Course in TCM (Chinese) - 5 Years Full Time
- 中医学士学位 (中文) - 夜间制七年
Bachelor Degree Course in TCM (Chinese) - 7 Years Part Time
- 中医专业高级文凭 (中文) - 全日制五年
Advanced Diploma in TCM (Chinese) - 5 Years Full Time
- 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

- 工作证 EP/SP/WP 长期居留证 LTVP 家属证 DP 永久居民 PR

有效期

Expiry Date

性别 Gender

- 男 M 女 F 婚姻状况 Marital Status: 单身 Single 已婚 Married 离异 Divorced

最高学历

Highest Qualification

- 博士 PhD 硕士 Master 学士 Degree 大专 Diploma
 高中 A Level 初中 O Level 中职技校 ITE 其它 Others _____

毕业院校

Name of Institution

- 全日制 Full-time 兼读制 Part-time

课程时间

Year Attended

_____ 年 (Y)

至 to

_____ 年 (Y)

公司名称

Name of Company

- 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

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 电视 TV YouTube Facebook 朋友推荐 Recommendation
 招生资料 Flyer 网络广告 Online advertisement 横幅广告 Banner 地铁广告 MRT 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 calls, texts, and emails 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

仅供办公室填写 FOR OFFICE USE ONLY

报名费

收据号

经办职员

日期