外国专家来华邀请函申请表

APPLICATION FOR FOREIGN EXPERTS INVITATION

外国专家来华邀请函申请号 APPLICATION NUMBER FOR FOREIGN EXPERTS INVITATION		系统自动生成			
姓(如护照所示) SURNAME (As in Passport)		名(如护照所示)FIRST AND MIDDLE NAMES (As in Passport)			
别名或曾用名(英文) OTHER NAME USED		中文姓名 CHINESE NAME性别 GENDER	张三	照片 PHOTO	
性别 GENDER	男	国籍 NATIONALITY	英国		
出生日期 DATE OF BIRTH(yyyy-mm-dd)	1988-04-01	婚姻状况 MARITAL STATUS	已婚		
最高学位(学历)HIGHEST ACADEMIC DEGREE		护照类型 PASSPORT TYPE		护照号码 PASSPORT NUMBER	
护照签发日期 ISSUANCE DATE (yyyy-mm-dd)		护照有效期至 EXPIRATION DATE(yyyy-mm-dd)		工作单位 EMPLOYER	
是否需要行业主管部门批 准 DO YOU NEED APPROVAL FROM RELATED CHINESE INDUSTRY AUTHORITY?	根据实际	r情况在网上填写 行业主管部门名称 NAME OF INDUSTRY AUTHORITY	后下载打印	行业主管部门批准 证书文号 SERIAL NUMBER OF APPROVAL DOCUMENT	
在中国工作联系电话 BUSINESS TELEPHONE NUMBER IN CHINA	11111111	在中国工作邮箱 EMAIL ADRRESS		拟入境次数 INTENTED NUMBER OF ENTRIES	
团队人数 NUMBER OF GROUP		经费来源 SOURECE OF FUNDING		金额 SUM OF MONEY	
申请在华工作时间 INTENTED LENGTH OF WORKING TIME IN CHINA		工作日程 WORK SCHEDULE			

本人郑重承诺,在本国及境外无犯罪记录,来华工作后,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,包括我的雇佣情况、工作表现、工作能力、教育、个人经历和无犯罪记录。如果我已超过60周岁,确保在中国工作期间有相应的医疗保险。

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 OF 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 目 期 DATE(yyyy-mm-dd)

用人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.

用人单位公章 SEAL OF EMPLOYER 日期 DATE(yyyy-mm-dd)