

Application Form for the 2025 International Training Program on Pathogens and Biosafety Research Technologies

Information

Surname		photo
Given Name		
Gender		
Nationality		
Passport information	Number	
	Expiry Date	
Visa Status	<input type="radio"/> Visa application assistance required	
	<input type="radio"/> Visa exemption	
Contact information	Phone (include area code and country code)	
	Email	
	Address	
Emergency contact	Name	
	Relationship	
	Phone	

Professional Background

Highest Education	<input type="radio"/> Bachelor <input type="radio"/> Master <input type="radio"/> Doctorate <input type="radio"/> Other
Professional Title	
Current Position	
Field of Expertise	
Institution	

Years of Experience	
Technical skills	
Language Proficiency	
Language	
Motivation & Objectives	
Motivation for Participating the Training Program	
Expected Gains from the Program	

Introduction to the Applicant's Institution/Organization

A Brief Overview of
Your Current
Affiliated Institution

Others

Special Requirements

☐ Vegetarian ☐ Halal ☐ Other ☐ None

Declaration

I confirm the accuracy of the information provided and agree to abide
by the program rules.

Signature

Date