**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 |  |
|  |
| Contact information | Phone (include area code and country code) |
| Email |
| Address |
| Emergency contact | Name |
| Relationship |
| Phone |

|  |
| --- |
| **Professional Background** |
| Highest Education |      |
| 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 |      |
| **Declaration** |
| I confirm the accuracy of the information provided and agree to abide by the program rules. |
| Signature |  | Date |  |