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



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| **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 |  |