

**Application Form of Outstanding Young TCM Practitioners of the Year 2024**  
**2024 年度杰出青年中医师 竞选报名表**

(For Applicant to Complete)

Name: \_\_\_\_\_  
姓名

Date of birth: \_\_\_\_\_  
出生日期

Cell phone: \_\_\_\_\_  
电话

Email: \_\_\_\_\_  
电子邮箱

Home address: \_\_\_\_\_  
家庭住址

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_  
城市 州 邮政编码

Name of all colleges from which you graduated 毕业学校: \_\_\_\_\_

Obtained degree: \_\_\_\_\_  
获得学位

Clinic of current practice: \_\_\_\_\_  
现执业诊所名称

Address of current practice: \_\_\_\_\_  
现执业地址

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_  
城市 州 邮政编码

Occupational history:  
从业经历

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Certification:  
申请人保证

I certify that all the information provided in this form is true and complete to the best of my knowledge  
本人保证，此表格中提供的信息均属实且完整

Applicant's signature: \_\_\_\_\_ Date: \_\_\_\_\_  
申请人签名 日期