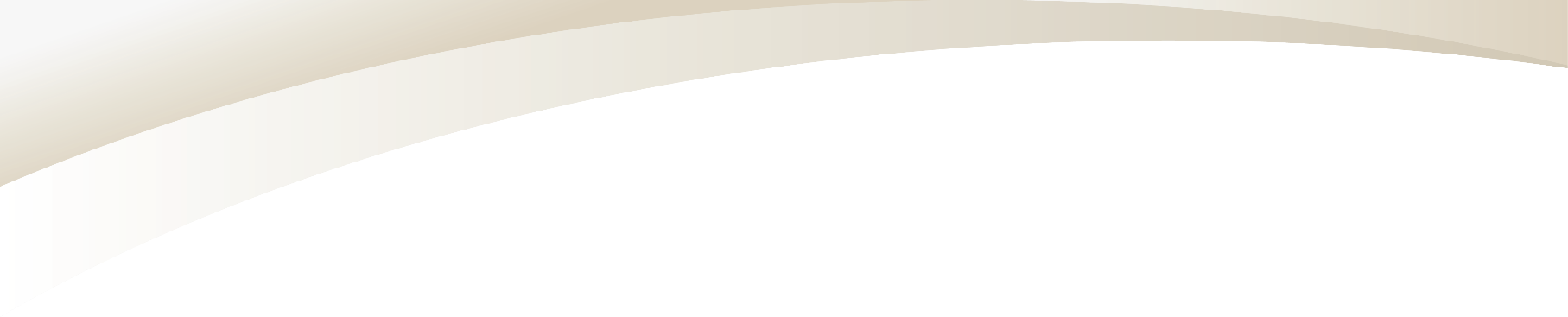
**個人資料**

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| 1. **SECTION I 第一部份** | |
|  | |
| **A1. Personal Detail 個人資料** | |
| Title 銜頭: [Prof.教授 / Dr.博士 /  Fellow院士/Mr.先生 / Mrs.太太/ Ms.女士]  \*Please delete the inappropriate請刪去不適用者 | Gender性別: Male 男 Female 女 |
| Name in English:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  英文姓名 Given name/名 Surname/姓 | Name in Chinese:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  中文姓名 |

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| **A2. Contact Information 聯絡資料** | | |
| Company/Organization Name:  公司/機構名稱  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | Position/Nature:  職位/行業  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Telephone:  電話: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | Fax:  傳真: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Mobile Phone  手機電話: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | E-mail:  電郵 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Company Website:  公司網址 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | Address通訊地址(中文/英文):  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | | |
| **A3. Education & Professional Qualification 教育及專業資格** | | |
| Education  教育程度 | Professional Qualification  專業資格 | |
|  |  | |
|  |  | |

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| **A4. Personal Achievement Awards 個人成就獎項** | | |
| Award Name  個人成就獎項 | Awarding Institution  頒發機構 | Date  日期 |
|  | | |

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| 1. **SECTION II Declaration**   **第二部份 聲明** |
| I attest to all the facts in this Application form, and hereby declare that the information is true to the best of my knowledge.  本人謹此表明，在本申請表格中所填寫之事項均屬無訛。  Signature of Candidate:  侯選人簽名  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name of Candidate: 侯選人姓名  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date 日期 :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |



般若藝術聯會

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