**Annex 2**

Application Form for

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| \* Please complete in English in block letters. |
| **1. Personal Information** |
| 1-1Name of the Applicant\*Your name must be the same as the name in your passport. | 1-1(1) First Name |  |
| 1-1(2) Middle Name |  |
| 1-1(3) Family Name |  |
| 1-2Gender　(Male/Female) | 　 | 1-3Date of Birth | Day/Month/Year | 1-4Age | 　 |
| 　 | ／ | 　 | ／ | 　 |
| 1-5Nationality |  |
| 1-6Religion | 　  |
| 1-7E-mail |  |
| 1-8Passport Number | 　 | 1-9Date of Issue | Day/ Month/ Year |
| 　 | ／ | 　 | ／ | 　 |
| Note: Please attach a copy of your passport | 1-10Date of Expiry | Day/ Month/ Year |
| 　 | ／ | 　 | ／ | 　 |
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| Please note that the admission panel will take both the applicant’s willing and the admission requirements of the collaborative universities into account to decide his/her admitting university. Once admitted, it is not allowed to transfer between the collaborative universities. |

Master Program in Intellectual Property Law

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| **2. Organization Information** |
| 2-1Name of Organization | Note: Please fill in the name of your company/organization as on your business card.  |
|  |
| 2-2 Brief Organization Introduction |  |
| 2-3Postal Address of Organization | Note: This is a contact address for SIPO. Please give the address where you actually work. |
| 　 |
| 2-4Office Phone Number | + | 　 | 2-5Office Fax Number | + | 　 |
| 2-6E-mail (Office) | 　 |
| 2-8Year of Establishment | 　 | 2-9Number of Employees | 　 |
| 2-10Type of Organization | Note: Please select Public Sector or Private Sector first. Then choose the appropriate one from the list |  |
|  | **Public Sector** |  | **Private Sector** | 　 | 　 |  |
| 　 |  | Government Office |  | Law Firm |  |
|  | Government Corporation |  | Industry Promotion Organization |  |
|  | Research and Development Institution |  | Academic |  |
|  | University |  | Manufacturing Company |  |
| 2-11Classification of YourJob Title | Note: Please choose your job title from the list. |  |
| Managing Director (1) | Manager (2) | Foreman (3) | Group Leader (4) |
| Board Member (5) | Specialist (6) | Section Chief (7) | Mechanic (8) |
| 　 | 　 | Plant Manager (9) | Engineer (10) | Supervisor (11) | Consultant (12) |  |
| 　 | 　 | General Manager (13) | Instructor (14) | Line Chief (15) |  |  |
| 　 | 　 | Others:  | 　 |  |
| 2-12Number of Subordinates |  |  |
| 2-13Job Descriptions | 　 |  |
|  |

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| **3. Educational Background** |  |  |  |  |  |  |  |  |  |  |
| Institution | Period | Main Subjects | 　 | Language Used |
| Post-Graduate Course | From | To | 　 | 　 |
| Month/Year | Month/Year |
| 　 | 　 | ／ | 　 | 　 | ／ | 　 |
| University / College | From  | To | 　 | 　 |
| Month/Year | Month/Year |
| 　 | 　 | ／ | 　 | 　 | ／ | 　 |
| Technical / Vocational School | From | To | 　 | 　 |
| Month/Year | Month/Year |
| 　 |   | ／ | 　 | 　 | ／ | 　 |
| High School | From | To | 　 | 　 |
| Month/Year | Month/Year |
| 　 |   | ／ | 　 | 　 | ／ | 　 |

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| **4. Employment Record** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 4-1　Name of Organization | Years of Service | Position | Job Description |
| 　 | From | Present | Please indicate in Part 2:"2-13. Job Description" |
| Month/Year |
| 　 | ／ | 　 |
| 　 | From | To | 　 | 　 |
| Month/Year | Month/Year |
| 　 | ／ | 　 | 　 | ／ | 　 |
| 　 | From | To | 　 | 　 |
| Month/Year | Month/Year |
| 　 | ／ | 　 | 　 | ／ | 　 |
| 4-2 Years of total working experience | 　 | years | 4-3 Years of total working experience relating to IP Law | 　 | years |

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| **5. Language Ability**Please indicate your language ability. (Select only one number for each language.) |
| English | Chinese | Ability Level |  |
|  |  | 5: Able to actively participate in debates |  |
| 4: Able to follow lectures well and participate in discussion |  |
| 　 | 　 | 　 | 　 | 　 | 3: Able to follow much of lectures |  |
| 　 | 　 | 　 | 　 | 　 | 2: Able to carry out daily conversation |  |
| 　 | 　 | 　 | 　 | 　 | 1: Do not understand |  |
| Hereby I affirm that:1. I volunteer to apply for Master Program on Intellectual Property Launched by SIPO. 2. All information and materials given in this form are true and correct.3. I will agree to the arrangements of my institution and specialty of study in China made by SIPO, and will not apply for any changes in these two fields without valid reasons.4. I shall return to my home country as soon as I complete my scheduled program in china, and will not extend my stay without valid reasons. |
|  |  |  |  | Name of the Applicant: |   |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  | Signature: | 　 | 　 | 　 | 　 | 　 |
|  |  |  |  |  |  |  |  |  |  |  |

**Comments of recommendation (to be filled by the nominator)**

**Due to the above reasons, I nominate the above candidate to the Master Program on Intellectual Property Launched by SIPO.**

Nominator: Name of Organization

 Name of the Nominator

 Signature