

JOINT DOCTORAL PROMOTION PROGRAMME (DPP)

REGISTRATION FORM

PERSONAL INFORMATION

Miss/Ms/Mrs/Mr

Registration number (please leave blank)

Surname (Family Name), First Name (Given Name)

Nationality

Attach Photo

Date of Birth (day, month, year)

Gender

Male

Marital Status

Single

Place of Birth

Female

Married

Number of Children: ____

	Correspondence Address <i>Address to which all correspondence will be sent</i>	Permanent Home Address <i>(if different from correspondence address)</i>
Address		
Telephone		
Fax (if applicable)		
Email		

ACADEMIC HISTORY

Higher education institutes attended (university, polytechnic college or other)

Dates <i>(mm/yy - mm/yy)</i>	Name of Institution / Place / Country	Principal Subject (s)

Degrees awarded or expected before joining the DPP

Date of Award <i>(day/month/year)</i>	Exact Degree Title <i>(BSc, MSc, Diploma etc.)</i>	Subject	Score (Marks, Points)		
			Obtained	Max.*	Min.*

* Maximum score (marks, points) that can be obtained, ** Minimum score (marks, points) required to pass

Surname, First Name

EMPLOYMENT HISTORY

List any employments including employments at CAS/UCAS you had till date

Dates (mm/yy - mm/yy)	Name of Employer / Place / Country	Area of work

HONOURS, SCHOLARSHIPS, PRIZES

List any honours, prizes and awards you have received relevant to this application, with dates and a short description

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THESIS

Title of your Master or Diploma thesis, also indicate the name of your supervisor

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LIST OF PUBLICATIONS, PATENTS ETC

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REFERENCES

	First Referee	Second Referee
Name:		
Occupation:		
Address:		
Phone:		

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Surname, First Name

Fax:		
Email:		

LANGUAGE SKILLS

Language	native	very good	good	fair	poor
English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
German	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

English	Score(s)	Date
GRE <input type="checkbox"/>		
IELTS <input type="checkbox"/>		
TOEFL <input type="checkbox"/>		
CET6 <input type="checkbox"/>		
Other (please specify) <input type="checkbox"/>		
Other information proving English proficiency:		

OTHER RELEVANT INFORMATION OR REMARKS

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RESEARCH PROPOSAL

1) PROPOSAL FOR CANDIDATES WITH SUBJECT FOR PH.D. THESIS AND PH.D. SUPERVISOR IN CHINA

Title of your Ph.D. thesis

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Ph.D. Supervisor	
Name:	
Position:	

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Surname, First Name

Address:	
Phone:	
Fax:	
Email:	

Name three Fraunhofer-Gesellschaft Institutes you would like to go to / that fit your scientific interest: (每个申请者可填报三个联合培养接收单位, 请在下表填写拟前往弗劳恩霍夫研究所名称及外方导师信息, 信息务必完整、正确!)

a)

Name:	
Email:	
Department:	
City:	

b)

Name:	
Email:	
Department:	
City:	

c)

Name:	
Email:	
Department:	
City:	

Write a short research proposal on the scientific work you would like to do if you had the relevant resources and equipment. You are welcome to develop your own ideas. Alternatively, you may look up recent publications of relevant members of faculty as a starting point.

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Surname, First Name

FAMILY INFORMATION

These details are needed in case your family will join you during your stay in Germany

Do you want your family to join you during your stay in Germany? Yes No

Spouse:

Surname (Family Name), First Name (Given Name)

Date of Birth

Place of Birth

Children:

Surname (Family Name), First Name (Given Name)

Date of Birth

Place of Birth

Surname (Family Name), First Name (Given Name)

Date of Birth

Place of Birth

NOTES FOR GUIDANCE

Before completing this registration form, please read the following information carefully.

1. Please use A4 size paper only and do not staple.
2. Please either type or complete this form by using block capitals throughout. Complete all sections of the registration as fully as possible. If a section does not apply to you please indicate this with N/A for not applicable.
3. Please do not add any original certificates
4. Please add a **detailed CV** as well as the **duly signed Fraunhofer Privacy Policy**.

Surname, First Name

STATEMENT

I certify that the information provided in this registration form is accurate to the best of my knowledge. I am aware that false answers, whether intentional or the result of negligence, are illegal and that their discovery will lead to the revocation of my registration.

Place

Date

Signature