

附件 2

发送：驻葡萄牙使馆

学生开展网上报名的操作说明

Instructions for students' online application for studying in China under Chinese Government Scholarship

Step 1: Log on to <http://laihua.csc.edu.cn>.

The applicants should register for a username and password before logging on.

Step 2: After logging on to the system, please read the "ONLINE APPLICATION GUIDANCE" and follow the steps.

Step 3: Click the button "NEXT" and select the scholarship you want to apply for.

(Please select the Chinese Government Scholarship, unless you are applying for the other Cooperation Program Scholarship.)

Step 4: Please note that the "AGENCY NO." is one of the most crucial parts of your online application. It is listed in the first blank under the "PERSONAL DATA". Please make sure that you fill it in correctly otherwise you will not be able to continue your online application.

Your "AGENCY NO." is 6201

Step 5: Please fill in the online application form truthfully, correctly and completely following the steps listed on the left of the page.

The applicants are required to select the disciplines before choosing their majors. For inquiries about the disciplines and majors, please refer to the Disciplines Index, which can be downloaded from "Help".

Step 6: Preview the application form after finishing it and submit it online.

Step 7: Please download the finished application form by clicking the button "DOWNLOAD APPLICATION" and print it out.

Step 8: Please prepare other supporting documents as required and send the full package of application documents to the dispatching authorities in duplicate.

- **Internet Explorer (6.0 or 7.0) is strongly recommended, otherwise inconvenience may be caused by other browsers.**
- **Only Chinese and English are accepted for the online application.**

外国人体格检查表

FOREIGNER PHYSICAL EXAMINATION FORM

姓名 Name		性别 Sex	<input type="checkbox"/> 男 Male <input type="checkbox"/> 女 Female	出生日期 Birth Day - Month - Year		照 片 (加盖检查 单位印章 Photo (stamped Official Stamp)																												
现在通讯地址 Present mailing address					血型 Blood type																													
国籍或地区 Nationality (or Area)		出生地址 Birth Place																																
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<table style="width: 100%; border: none;"> <tr> <td style="width: 20%;">班 疹 伤 寒 Typhus fever</td> <td style="width: 10%;"><input type="checkbox"/>No <input type="checkbox"/>Yes</td> <td style="width: 20%;">菌 痢 Bacillary dysentery</td> <td style="width: 10%;"><input type="checkbox"/>No <input type="checkbox"/>Yes</td> </tr> <tr> <td>小儿麻痹症 Poliomyelitis</td> <td><input type="checkbox"/>No <input type="checkbox"/>Yes</td> <td>布氏杆菌病 Brucellosis</td> <td><input type="checkbox"/>No <input type="checkbox"/>Yes</td> </tr> <tr> <td>白 喉 Diphtheria</td> <td><input type="checkbox"/>No <input type="checkbox"/>Yes</td> <td>病毒性肝炎 Viral hepatitis</td> <td><input type="checkbox"/>No <input type="checkbox"/>Yes</td> </tr> <tr> <td>猩 红 热 Scarlet fever</td> <td><input type="checkbox"/>No <input type="checkbox"/>Yes</td> <td>产褥期链球菌 Puerperal streptococcus infection</td> <td><input type="checkbox"/>No <input type="checkbox"/>Yes</td> </tr> <tr> <td>回 归 热 Relapsing fever</td> <td><input type="checkbox"/>No <input type="checkbox"/>Yes</td> <td>菌 感 染</td> <td><input type="checkbox"/>No <input type="checkbox"/>Yes</td> </tr> <tr> <td>伤寒和付伤寒 Typhoid and paratyphoid fever</td> <td><input type="checkbox"/>No <input type="checkbox"/>Yes</td> <td></td> <td></td> </tr> <tr> <td>流行性脑脊髓膜炎 Epidemic cerebrospinal meningitis</td> <td><input type="checkbox"/>No <input type="checkbox"/>Yes</td> <td></td> <td></td> </tr> </table>							班 疹 伤 寒 Typhus fever	<input type="checkbox"/> No <input type="checkbox"/> Yes	菌 痢 Bacillary dysentery	<input type="checkbox"/> No <input type="checkbox"/> Yes	小儿麻痹症 Poliomyelitis	<input type="checkbox"/> No <input type="checkbox"/> Yes	布氏杆菌病 Brucellosis	<input type="checkbox"/> No <input type="checkbox"/> Yes	白 喉 Diphtheria	<input type="checkbox"/> No <input type="checkbox"/> Yes	病毒性肝炎 Viral hepatitis	<input type="checkbox"/> No <input type="checkbox"/> Yes	猩 红 热 Scarlet fever	<input type="checkbox"/> No <input type="checkbox"/> Yes	产褥期链球菌 Puerperal streptococcus infection	<input type="checkbox"/> No <input type="checkbox"/> Yes	回 归 热 Relapsing fever	<input type="checkbox"/> No <input type="checkbox"/> Yes	菌 感 染	<input type="checkbox"/> No <input type="checkbox"/> Yes	伤寒和付伤寒 Typhoid and paratyphoid fever	<input type="checkbox"/> No <input type="checkbox"/> Yes			流行性脑脊髓膜炎 Epidemic cerebrospinal meningitis	<input type="checkbox"/> No <input type="checkbox"/> Yes		
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发育情况 Development		营养情况 Nourishment		颈部 Neck																														
视力 Vision	左 L _____ 右 R _____	矫正视力 Corrected vision	左 L _____ 右 R _____	眼 Eyes																														
辨色力 Colour senses		皮肤 Skin		淋巴结 Lymph nodes																														
耳 Ears		鼻 Nose		扁桃体 Tonsils																														
心 Heart		肺 Lungs		腹部 Abdomen																														