

TRADITIONAL CHINESE MEDICINE PRACTITIONERS BOARD 中医管理委员会
PERSONAL PARTICULARS FORM OF TCM PRACTITIONERS
中医执业者个人资料表格

Please complete this personal particulars form and send it back to the Board by fax or post to the following address. 请填写此个人资料表格后，寄或传真到下列管委会地址：
81 Kim Keat Road, #09-00, Singapore 328836 Tel: 6355 2488 Fax: 6355 2489

1 Personal Particulars 个人资料:

NRIC/Foreign Identification No 居民/外国人身份证号码: _____

Name 姓名: _____ Name in Chinese 中文姓名: _____

NRIC Address in Singapore 居民证住家地址: _____

Home Tel No.住家电话: _____ Handphone No.手机号码: _____

Email Address 电邮地址: _____

Residential Status 居留状况: _____ Nationality 国籍: _____

Singapore Citizen 新加坡公民

Singapore PR 新加坡永久居民 Date PR obtained 永久居民获取日期: _____

Foreigner 外国人

2 Information on Spouse (where applicable) 婚姻伴侣资料 (如有伴侣的话)

Name 姓名(中英文): _____ Nationality 国籍: _____

Name of Company and Address (if spouse is working in Singapore)

工作地点名称和地址 (如伴侣有在新加坡工作):

Is your spouse a TCM practitioner? 你的婚姻伴侣是否是中医执业者?

Yes, state NRIC/Foreign Identification No:

(是, 写明居民/外国人身份证号码): _____

No 不是

3 Do you have other medical or paramedical professional qualification?

你是否有其他与医学有关的专业资格?

No 没有

Yes 有, state profession 注明专业

Doctor 医生

Dentist 牙医

CMM Dispenser 中药从业员

Pharmacist 药剂师

Nurse 护士

Others 其他: _____

Country of Training 接受培训的国家

- Singapore 新加坡 Other Countries 其他国家,

Please specify 请注明: _____

Please attach the qualification certificate (if it has not been submitted to the Board during application). 请附上专业资格证书 (如果在申请注册时没有提交)。

4 Preferred Mailing Address 选择的通信地址

- NRIC Residential Address 居民证住家地址 Principal Practice Place 主要执业地点
 Other Mailing Address (if different from NRIC Address)
其他通信地址 (如果与居民证住家地址不同)

5 Present TCM Practice in Singapore 目前在新加坡的中医执业状况

Practice Activity 执业状况 Full Time 全职 Part-Time 兼职 Not Practising 没有执业

a) Principal Practice Place 主要执业地点

Name of Principal Practice Place (in English & Chinese) 主要执业地点名称 (中英文):

Address of Principal Practice Place 主要执业地点地址: _____

Tel 电话: _____ Fax 传真: _____ Start Date 开始日期: _____

Type of Practice Place 执业地点类别

- Restructured Hospital 重组医院 Private Hospital 私人医院
 Private TCM Clinic 私人中医诊所 Private Western Clinic 私人西医诊所
 Educational Institution 教育机构 Other Organisation/Institution 其他组织/机构

For Private Clinic, please specify the nature of practice 如果是私人诊所, 请注明营业性质:

- own practice 独自开业 partnership/joint practice 合伙执业 employed 受雇

Practice Activity 执业状况 Full Time 全职 Part-Time 兼职

b) Other Practice Place 其他执业地点

i) Name of Other Practice Place (in English & Chinese) 其他执业地点名称(中英文):

Address of Other Practice Place 其他执业地点地址:

Tel 电话: _____ Fax 传真: _____ Start Date 开始日期: _____

Type of Practice Place 执业地点类别

- Restructured Hospital 重组医院 Private Hospital 私人医院
 Private TCM Clinic 私人中医诊所 Private Western Clinic 私人西医诊所
 Educational Institution 教育机构 Other Organisation/Institution 其他组织/机构

For Private Clinic, please specify the nature of practice 如果是私人诊所, 请注明营业性质:

- own practice 独自开业 partnership/joint practice 合伙执业 employed 受雇

Practice Activity 执业状况 Full Time 全职 Part-Time 兼职

ii) Name of Practice Place (in English & Chinese) 执业地点名称(中英文): _____

Address of Practice Place 执业地点地址: _____

Tel 电话: _____ Fax 传真: _____ Start Date 开始日期: _____

Type of Practice Place 执业地点类别

- Restructured Hospital 重组医院 Private Hospital 私人医院
 Private TCM Clinic 私人中医诊所 Private Western Clinic 私人西医诊所
 Educational Institution 教育机构 Other Organisation/Institution 其他组织/机构

For Private Clinic, please specify the nature of practice 如果是私人诊所, 请注明营业性质:

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Practice Activity 执业状况 Full Time 全职 Part-Time 兼职

Name of Requesting TCM Practitioner
(English & Chinese)
中医执业者中英文姓名

Signature
签名

Date
日期