**國際健康發展聯合會 - 個人簡歷表**

**International Federation For Health Development – Personal profile**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 姓 名  Name |  | | 性 別  F / M |  | 個人照片  Photo | |
| 國 籍  Nationality |  | | 出 生  年 月  Date of birth |  |
| 學 曆  Qualifications |  | | 身份證  號 碼  Identity No. |  | | |
| 個 人  住 址  Address |  | | | | | |
| 工 作單 位  Employer |  | | 職 務  職 稱  Job title |  | | |
| 單 位  地 址  Office address |  | | 電子  郵箱  Email |  | | |
| 電 話  Tel No. |  | | 手機  Mobile |  | | |
| 工作經歷 Job profile | | | | | | |
| 起止日期 | | 單位名稱 | | | | 職 務 |
| From / To | | Company | | | | Job title |
|  | |  | | | |  |
|  | |  | | | |  |
|  | |  | | | |  |
|  | |  | | | |  |
|  | |  | | | |  |
|  | |  | | | |  |
|  | |  | | | |  |
|  | |  | | | |  |
| 個人專業技術特長、所獲榮譽獎項等  Professional qualifications / accreditations | | | | | | |
|  | | | | | | |
| 填表人簽名 Signature 年 月 日 Date  填表人所在單位蓋章 Stamp of company represented | | | | | | |