

**Application Form**

**School of Physical and Mathematical Sciences (SPMS)**

**International Internship Program (IIP)**

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| This form may take you 10 minutes to complete. | |
| You will need the following information to complete the form: | |
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| • | Your identity card number (applicable for Singapore/Malaysia Citizens and Permanent Residents) |
|  |  |
| • | Your passport number (applicable for Non-Singapore Citizens/ Permanent Residents) |
|  |  |
| • | Your educational records and qualifications and date obtained |
|  |  |
| • | Your emergency contact details |
|  |  |
| • | Your mode, area and duration of internship |
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Version 1.0

Date Issued: 17 Apr 2018

SPMS Research & Graduate Studies Office

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| Recent photograph of  applicant |



**Application Form (SPMS IIP)**

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| 1. **Home University** | | | | | | | | | |
| Home University Country :  China | | | | Home University:  ShaanXi Normal University | | | Home Faculty/School :  School Of Mathematic And Information Science | | |
| Major in Home University :  Information and Computing Science | | | | Qualification to obtain at Home University:  (Yes or No?) | | | | | |
| Equivalent NTU Programme: International Internship | | | | | | | | | |
| **2. PERSONAL PARTICULARS** | | | | | | | | | |
| **Full Name as in Passport / Identity Card *(underline Family Name)* :**  **CHENG LONG** | | | | | | | | | |
| Home / Postal Address (state both if it is different) :  No.199, South Chang’an Road, Yanta District, Xi'an ,Shaanxi, China | | | | | Date of Birth : *1996/01/02* | | | | Ethnic Group : Han |
| Country of Birth : China | | | | Nationality : China |
| Gender :  M  F | Marital Status :  Single  Married    Widowed  Divorced | | | |
| Passport No. /Identity Card No. : | | | | |
| Home : China | | | Mobile : (+86)18729096593 | | E-mail Address : 494389554@qq.com | | | | |
| **3. EDUCATION** (List institutions / universities attended. Please attach relevant copies of certificates / transcripts.) | | | | | | | | | |
| From | To | Schools / Institutions / Universities attended | | | | | | Qualifications Obtained  (e.g. Honours Degree) | |
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| **4. EMERGENCY CONTACT** | | | | |
| **Full Name as in Passport / Identity Card *(underline Family Name)* :**  CHENG LING JUN | | | | |
| Home / Postal Address (state both if it is different) : | | Relationship : *Father & Son* | | |
| Home Telephone Number : (+86) 13832056573 | | |
| Mobile Telephone Number: (+86) 13832056573 | | |
| Office Telephone Number. : (+86) 13832056573 | | |
| E-mail Address : 2956282215@qq.com | | |
| **5. OTHER INFORMATION** | | | | |
| **Please answer the following questions.**  **If the answer is 'Yes' to any of the items below, please give details on a separate sheet of paper.** | | | | |
| a | Have you ever been an overseas exchange/non-graduating student of the National University of Singapore/Nanyang Technological University/Singapore Management University? | | Yes  Yes  Yes | No  No  No |
| b | Have you entered Singapore using another passport previously? | |
| c | Do you have any physical illness, or currently undergoing any medical treatment/been diagnosed of any illness which may affect your studies?  If yes, please state nature of illness: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| d  e | Have you been hospitalised?  If yes, please give details: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Period of hospitalisation (From DD/MM/YYYY to DD/MM/YYYY):\_\_\_\_\_\_\_\_\_\_\_  Reason for hospitalisation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Are you taking any medication (Including OTC and inhaler)?  If yes, please list the medication:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | Yes  Yes | No  No |
| f | Do you have any chronic (long-lasting or persistent) medical condition that requires treatment or medication?  If yes, please have your physician prepare a summary of your treatment that includes the following:   * Condition being treated * Type of Medicine * Physician’s address and phone number   The summary must be produced upon request. Please note that it is **IMPORTANT** to make known your medical condition (if any). | | Yes | No |
| g | Have you been convicted of any criminal offence by a Court of Law in any country?  If yes, please provide particular of offence:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | Yes | No |

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| **6.** **MODE, AREA AND DURATION OF INTERNSHIP** | | | |
| Internship Duration (From DD/MM/YYYY to DD/MM/YYYY): | | | |
| Research Title: | | | |
| Name of Supervisor: | | | |
| Name of Division: | | | |
| 8**. DECLARATION** | | | |
| **I declare that to the best of my knowledge the information supplied is correct and complete. I recognise that it is my responsibility to provide all necessary documentary evidence of my qualifications, studies and experience and here by authorise NTU to obtain further information when necessary. I agree to present the original copies of my academic results and transcripts for verification by NTU, if required. NTU reserves the right to withdraw any offer to me and cease my enrolment at any stage during my course where false or misleading information has been provided.** | | | |
| DATE : (dd/mm/yy) |  | SIGNATURE : |  |