Schedule 3: Application Form for the Committee of Human Health and Medical Affair Specialists of the United Nations

Date of Application:

(D/M/Y)

<table>
<tr><td colspan="8">Organization Applied：</td></tr>
<tr><td colspan="8">Personal Particulars</td></tr>
<tr><td>Name</td><td></td><td>Gender</td><td></td><td>DOB</td><td></td><td colspan="2" rowspan="4">（Photo）</td></tr>
<tr><td>Nationality</td><td></td><td>Political Party</td><td></td><td>Religion</td><td></td></tr>
<tr><td>Company</td><td colspan="5"></td></tr>
<tr><td>Department</td><td colspan="3"></td><td>Position</td><td></td></tr>
<tr><td>Language</td><td colspan="3"></td><td>City</td><td colspan="2"></td></tr>
<tr><td colspan="2">Highest Degree / Major</td><td colspan="6"></td></tr>
<tr><td colspan="2">Apply for CHMSUN Member</td><td colspan="6">Yes No</td></tr>
<tr><td colspan="2">Apply for Council Member</td><td colspan="6">Yes No</td></tr>
<tr><td rowspan="3">Contact Information</td><td>Address</td><td colspan="6">Zip：_____</td></tr>
<tr><td>E-mail #1</td><td colspan="3"></td><td>Office Phone #</td><td colspan="2"></td></tr>
<tr><td>E-mail #2</td><td colspan="3"></td><td>Mobil Phone #</td><td colspan="2"></td></tr>
<tr><td colspan="8">Occupational Resume</td></tr>
<tr><td colspan="8"></td></tr>
</table>

Academic Achievements (Including Academic Accomplishments and Publications)
Reasons for Membership Application
Career Plans

Reference Contact Information					
Name		Relation		Years of Acquaintance	
Company				Position	
E-mail				Phone #	

Sworn
I promise that all the written information is true and validated, I am responsible for any error, if any, and willing to take the consequence. I have read the entire application package and the Statutes carefully. I will follow the regulations listed in the Statutes when to exercise my rights or when to fulfill my obligations. Applicant Signature：_____ Date: _____

If you have not finished, you can attach additional material. The accompanying material, as part of the application form, shall be used in accordance with the application form.