

中华人民共和国签证申请表

Visa Application Form of the People's Republic of China
(For the Mainland of China only)

申请人必须如实、完整、清楚地填写本表格。请逐项在空白处用中文或英文大写字母打印填写，或在□内打√选择。如有关项目不适用，请填写“无”。The applicant should fill in this form truthfully, completely and clearly. Please type the answer in capital English letters in the space provided or tick (√) the relevant box to select. If some of the items do not apply, please type N/A or None.

一、个人信息 Part I: Personal Information

1.1 英文姓名 Full English name as in passport	姓 Last name		照片/Photo Afix one recent color passport photo (full face, front view, bareheaded and against a plain light colored background).
	中间名 Middle name	名 First name	
1.2 中文姓名 Name in Chinese	1.3 别名或曾用名 Other name(s)		1.7 曾有国籍 Former nationality(ies)
	1.4 性别 Sex <input type="checkbox"/> 男 M <input type="checkbox"/> 女 F	1.5 出生日期 DOB(yyyy-mm-dd)	
1.6 现有国籍 Current nationality(ies)			
1.8 出生地点(市、省/州、国) Place of birth(city, province/state, country)			
1.9 身份证/公民证号码 Local ID/ Citizenship number			
1.10 护照/旅行证件种类 Passport/Travel document type	<input type="checkbox"/> 外交 Diplomatic <input type="checkbox"/> 公务、官员 Service or Official <input type="checkbox"/> 普通 Ordinary <input type="checkbox"/> 其他证件(请说明) Other (Please specify):		
1.11 护照号码 Passport number	1.12 签发日期 Date of issue(yyyy-mm-dd)		
1.13 签发地点 Place of issue	1.14 失效日期 Date of expiry(yyyy-mm-dd)		
1.15 当前职业 (可选多项) Current occupation(s)	<input type="checkbox"/> 商人 Businessperson <input type="checkbox"/> 公司职员 Company employee <input type="checkbox"/> 演艺人员 Entertainer <input type="checkbox"/> 工人/农民 Industrial/Agricultural worker <input type="checkbox"/> 学生 Student <input type="checkbox"/> 乘务人员 Crew member <input type="checkbox"/> 自雇 Self-employed <input type="checkbox"/> 无业 Unemployed <input type="checkbox"/> 退休 Retired		<input type="checkbox"/> 前/现任议员 Former/incumbent member of parliament 职位 Position <input type="checkbox"/> 前/现任政府官员 Former/incumbent government official 职位 Position <input type="checkbox"/> 军人 Military personnel 职位 Position <input type="checkbox"/> 非政府组织人员 NGO staff <input type="checkbox"/> 宗教人士 Religious personnel <input type="checkbox"/> 新闻从业人员 Staff of media
	<input type="checkbox"/> 其他(请说明) Other (Please specify):		
1.16 受教育程度 Education	<input type="checkbox"/> 研究生 Postgraduate <input type="checkbox"/> 其他(请说明) Other (Please specify):		<input type="checkbox"/> 大学 College
	名称 Name		联系电话 Phone number
1.17 工作单位/学校 Employer/School	地址 Address		邮政编码 Zip Code

1.18 家庭住址 Home address		1.19 邮政编码 Zip Code	
1.20 电话/手机 Home/mobile phone number		1.21 电子邮箱 E-mail address	
1.22 婚姻状况 Marital status <input type="checkbox"/> 已婚 Married <input type="checkbox"/> 单身 Single <input type="checkbox"/> 其他 Other (Please specify):			
1.23 主要家庭成员 (配偶、子女、父母等,可另纸) Major family members (spouse, children,parents,etc.,may type on separate paper)		姓名 Name	国籍 Nationality
			职业 Occupation
			关系 Relationship
1.24 紧急联络人信息 Emergency Contact		姓名 Name	手机 Mobile phone number
		与申请人的关系 Relationship with the applicant	
1.25 申请人申请签证时所在的国家或地区 Country or territory where the applicant is located when applying for this visa			

二、旅行信息 Part 2: Travel Information

2.1 申请入境事由 Major purpose of your visit	<input type="checkbox"/> 官方访问 Official Visit <input type="checkbox"/> 旅游 Tourism <input type="checkbox"/> 交流、考察、访问 Non-business visit <input type="checkbox"/> 商业贸易 Business & Trade <input type="checkbox"/> 人才引进 As introduced talent <input type="checkbox"/> 执行乘务 As crew member <input type="checkbox"/> 过境 Transit <input type="checkbox"/> 短期探望中国公民或者具有中国永久居留资格的外国人 Short-term visit to Chinese citizen or foreigner with Chinese permanent residence status <input type="checkbox"/> 短期探望因工作、学习等事由在中国停留居留的外国人 Short-term visit to foreigner residing in China due to work, study or other reasons <input type="checkbox"/> 短期学习 Short-term study for less than 180 days <input type="checkbox"/> 短期采访报道 As journalist for temporary news coverage <input type="checkbox"/> 其他(请说明)Other (Please specify):	<input type="checkbox"/> 常驻外交、领事、国际组织人员 As resident diplomat, consul or staff of international organization <input type="checkbox"/> 永久居留 As permanent resident <input type="checkbox"/> 工作 Work <input type="checkbox"/> 寄养 As child in foster care <input type="checkbox"/> 与中国公民或者具有中国永久居留资格的外国人家庭团聚居留超过 180 日 Family reunion for over 180 days with Chinese citizen or foreigner with Chinese permanent residence status <input type="checkbox"/> 长期探望因工作、学习等事由在中国居留的外国人 As accompanying family member of foreigner residing in China due to work, study or other reasons <input type="checkbox"/> 长期学习 Long-term study for over 180 days <input type="checkbox"/> 外国常驻中国新闻机构记者 As resident journalist
	2.2 计划入境次数 Intended number of entries	<input type="checkbox"/> 一次(自签发之日起 3 个月有效) One entry valid for 3 months from the date of issue <input type="checkbox"/> 二次(自签发之日起 3-6 个月有效) Two entries valid for 3 to 6 months from the date of issue <input type="checkbox"/> 半年多次(自签发之日起 6 个月有效) Multiple entries valid for 6 months from the date of issue <input type="checkbox"/> 一年多次(自签发之日起 1 年有效) Multiple entries valid for 1 year from the date of issue <input type="checkbox"/> 其他(请说明) Other (Please specify):
2.3 是否申请加急服务 Are you applying for express service? 注: 加急服务须经领事官员批准, 将加收费用。 Note: Express service needs approval of consular officials, and extra fees may apply.	<input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No	
2.4 本次行程预计首次抵达中国的日期 Expected date of your first entry into China on this trip (yyyy-mm-dd)		

2.5 预计行程中单次在华停留的最长天数 Longest intended stay in China among all entries	Days
2.6 在中国境内行程 (按时间顺序, 可附另纸填写) Itinerary in China (in time sequence, may type on separate paper)	详细地址 Detailed address
2.7 谁将承担在中国期间的费用? Who will pay for your travel and expenses during your stay in China?	
2.8 中国境内邀请单位或个人信息 Information of inviter in China	姓名或名称 Name
	地址 Address
	联系电话 Phone number
	与申请人关系 Relationship with the applicant
2.9 是否曾经获得过中国签证? 如有, 请说明最近一次获得中国签证的时间和地点。Have you ever been granted a Chinese visa? If applicable, please specify the date and place of the last time you were granted the visa.	
2.10 过去 12 个月中访问的其他国家或地区 Other countries or territories you visited in the last 12 months	

三、其他事项 Part 3: Other Information

3.1 是否曾在中国超过签证或居留许可允许的期限停留? Have you ever overstayed your visa or residence permit in China?	<input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No
3.2 是否曾经被拒绝签发中国签证, 或被拒绝进入中国? Have you ever been refused a visa for China, or been refused entry into China?	<input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No
3.3 是否在中国或其他国家有犯罪记录? Do you have any criminal record in China or any other country?	<input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No
3.4 是否具有以下任一情形 Are you experiencing any of the following conditions? ① 严重精神障碍 Serious mental disorder ② 传染性肺结核病 Infectious pulmonary tuberculosis ③ 可能危害公共卫生的其他传染病 Other infectious disease of public health hazards	<input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No
3.5 近 30 日内是否前往过流行性疾病传染的国家或地区? Did you visit countries or territories affected by infectious diseases in the last 30 days?	<input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No
3.6 如果对 3.1 到 3.5 的任何一个问题选择“是”, 请在下面详细说明。 If you select Yes to any questions from 3.1 to 3.5, please give details below.	

3.7 如果有本表未涉及而需专门陈述的其他与签证申请相关的事项, 请在此或另纸说明。
If you have more information about your visa application other than the above to declare, please give details below or type on a separate paper.

3.8 如申请人护照中的偕行人与申请人一同旅行, 请将偕行人照片粘贴在下面并填写偕行人信息。If someone else travels and shares the same passport with the applicant, please affix their photos and give their information below.

偕行人信息 <i>Information</i>	偕行人 1 Person 1 粘贴照片于此 <i>Affix Photo here</i>	偕行人 2 Person 2 粘贴照片于此 <i>Affix Photo here</i>	偕行人 3 Person 3 粘贴照片于此 <i>Affix Photo here</i>
姓名 Full name			
性别 Sex			
生日 DOB(yyyy-mm-dd)			

四、声明及签名 Part 4: Declaration & Signature

4.1 我声明, 我已阅读并理解此表所有内容要求, 并愿就所填报信息和申请材料真实性承担一切法律后果。

I hereby declare that I have read and understood all the questions in this application and shall bear all the legal consequences for the authenticity of the information and materials I provided.

4.2 我理解, 能否获得签证、获得何种签证、入境次数以及有效期、停留期等将由领事官员决定, 任何不实、误导或填写不完整均可能导致签证申请被拒绝或被拒绝进入中国。

I understand that whether to issue a visa, type of visa, number of entries, validity and duration of each stay will be determined by consular official, and that any false, misleading or incomplete statement may result in the refusal of a visa for or denial of entry into China.

4.3 我理解, 根据中国法律, 申请人即使持有中国签证仍有可能被拒绝入境。
I understand that, according to Chinese law, applicant may be refused entry into China even if a visa is granted.

申请人签名

Applicant's signature:

日期

Date (yyyy-mm-dd):

注: 未满 18 周岁的未成年人须由父母或监护人代签。Note: The parent or guardian shall sign on behalf of a minor under 18 years of age.

五、他人代填申请表时填写以下内容 Part 5: If the application form is completed by another person on the applicant's behalf, please fill out the information of the one who completes the form

5.1 姓名 Name	5.2 与申请人关系 Relationship with the applicant
5.3 地址 Address	5.4 电话 Phone number

5.5 声明 Declaration

我声明本人是根据申请人要求而协助填表, 证明申请人理解并确认表中所填写内容准确无误。

I declare that I have assisted in the completion of this form at the request of the applicant and that the applicant understands and agrees that the information provided is true and correct.

代填人签名/Signature:

日期/Date (yyyy-mm-dd):

Application Form

Name of the seminar/training course:			
课程名称:			
性质	官员 <input type="checkbox"/> 技术 <input type="checkbox"/>	Time	培训地点
Picture	Family name		
	First name		
	Position 职务		
	级别	部级及以上 <input type="checkbox"/> 司局级 <input type="checkbox"/> 处级及以下 <input type="checkbox"/>	
	建议舱位	头等舱 <input type="checkbox"/> 商务舱 <input type="checkbox"/> 经济舱 <input type="checkbox"/>	
Passport No. 护照号码			
Nationality 国籍			
Sex 性别	Name of institute 工作单位名称		
Language 工作语言	Mail Address 工作单位地址		
Religion 宗教	Address of Home 家庭住址		
Food abstention 饮食禁忌			
Date of Birth 出生日期			
Tel	E-mail		
Fax	Person to be contacted in emergency 应急联络人		
Cell	Phone to be contacted in emergency 应急电话		
Signature (本人签字)		Date (日期)	

经商参处意见:

Both Signature and Seal (经商参处签章)

Date (日期)

INFORMATION FORM OF PARTICIPANT

INTERNATIONAL TRAINING COURSE ON _____

I. Personal Data

III

1. Surname _____
 First Name _____

2. Gender _____

3. Date of Birth _____

4. Place of Birth _____

5. Passport Number: _____

6. Nationality _____

7. Religion _____

8. Mother Tongue _____ • Marital Status _____

9. Health Condition _____

10. Pregnancy(for women) _____

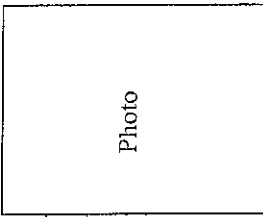
11. History of hypertension, cardiovascular diseases or infectious disease: No Yes
 (Please specify if yes).... _____

12. Address: _____
 Telephone _____ Fax _____
 E-mail Address _____

13. Permanent Address:

14. Contact person in emergency
 Name: _____
 Address: _____
 Telephone _____ Fax _____
 E-mail Address _____

15. Statement of present work
 Name of institution _____
 Position held _____
 A brief description of duties _____



16. Previous employment history

Date	Institution	Position and Duties

17. Educational and/or professional qualification

Date	Level	University	Major Field

18. Language Proficiency

Mother Tongue

English Proficiency (Please tick):

- Reading: a. excellent b. good c. fair d. poor
 Listening: a. excellent b. good c. fair d. poor
 Speaking: a. excellent b. good c. fair d. poor
 Writing: a. excellent b. good c. fair d. poor

19. State why you wish to attend the course and indicate the practical use of the course to your work in the future.

II. Personal Statement

I hereby declare that the information given above is true, correct and completely to the best of my knowledge. I agree to report any relevant alteration in the information given above.

I pledge to observe all the Chinese laws and regulations and will respect the local customs during my stay in China for the training course.

Signature of the Applicant

Both Signature and Seal

Date

Date

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				
<p>过去是否患有下列疾病：(每项后面请回答“是”或“否”) Have you ever had any of the following diseases? (Each item must be answered "Yes" or "No")</p> <p>斑疹伤寒 Typhus fever <input type="checkbox"/> No <input type="checkbox"/> Yes 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 伤寒和副伤寒 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</p>					
<p>是否患有下列危及公共秩序和安全的病症：(每项后面请回答“否”或“是”) Do you have any of the following diseases or diseases endangering the public order and seventy? (Each item must be answered "Yes" or "No")</p> <p>毒物癖 Toxic mania..... <input type="checkbox"/> No <input type="checkbox"/> Yes 精神错乱 Mental confusion..... <input type="checkbox"/> No <input type="checkbox"/> Yes 精神病 Psychosis 躁狂型 Manic Psychosis..... <input type="checkbox"/> No <input type="checkbox"/> Yes 妄想型 Paranoid Psychosis..... <input type="checkbox"/> No <input type="checkbox"/> Yes 幻觉型 Hallucinatory Psychosis..... <input type="checkbox"/> No <input type="checkbox"/> Yes</p>					
身高 Height	厘米 CM	体重 Weight	公斤 kg	血压 Blood pressure	毫米汞柱 mmHg
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	
鲜色力 Color sense		皮肤 Skin		淋巴结 Lymph nodes	
耳 Ears		鼻 Nose		扁桃体 Tonsils	
心 Heart		肺 Lungs		腹部 Abdomen	
Pregnancy (for woman)			<input type="checkbox"/> No <input type="checkbox"/> Yes		

脊柱 Spine		四肢 Extremities		神经系统 Nervous system									
其它所见 Other abnormal findings													
胸部 X 线 检查结果 (附检查报告单) Chest X-ray exam (Attached Chest X-ray report)				心电图 ECG									
化验室检查 (包括爱滋病、梅毒等血清 学检查) Laboratory exam (Attached test report of AIDS, Syphilis etc)													
<p>未发现患有下列检疫传染病和危害公共健康的疾病： None of the following diseases of disorders found during the present examination:</p> <table border="0" style="width: 100%;"> <tr> <td>霍乱 Cholera</td> <td>性病 Venereal Disease</td> </tr> <tr> <td>黄热病 Yellow fever</td> <td>肺结核 Lung tuberculosis</td> </tr> <tr> <td>鼠疫 Plague</td> <td>爱滋病 AIDS</td> </tr> <tr> <td>麻风 Leprosy</td> <td>精神病 Psychosis</td> </tr> </table>						霍乱 Cholera	性病 Venereal Disease	黄热病 Yellow fever	肺结核 Lung tuberculosis	鼠疫 Plague	爱滋病 AIDS	麻风 Leprosy	精神病 Psychosis
霍乱 Cholera	性病 Venereal Disease												
黄热病 Yellow fever	肺结核 Lung tuberculosis												
鼠疫 Plague	爱滋病 AIDS												
麻风 Leprosy	精神病 Psychosis												
<p>意见 Suggestion of physician (state in English whether the examinee's health is in good condition and suitable for long-distant travel)</p> <p style="text-align: center;">检查单位盖章 Official Stamp</p> <p>医师签字 Signature of physician</p> <p style="text-align: right;">日期 Date</p>													

Hospitals in Cairo.

1. **El Salam International Hospital**
Corniche El Nile «Albar an Nabi. Misr Al Qadimah, Cairo Governorate
Phone: 19885
2. **Arab Contractors Medical Centre**
El-Nasr Rd, Al Abageyah, Cairo Governorate
Phone: 19660
3. **Gauzoury Hospital**
63 El koba Heliopolis «El-Zaytoun, Cairo Governorate
Phone: 02 22588810
4. **Chiopatra Hospital**
39 Cleopatra Str «Almazah, Heliopolis, Cairo Governorate
Phone: 0127 511 7431
5. **Anglo American Hospital**
3 Hadique El Zohreya St. «Cairo Governorate
Phone: 02 27356162
6. **Wadi El Nile Hospital**
Al Zaytoun Al Qebleyah, El-Zaytoun, Cairo Governorate
Phone: 0128 286 9312
7. **Ain Shams University Specialized Hospital**
El-Khalifa El-Maamoun, El-Qobba Bridge, Al Waifi, Cairo Governorate
Phone: 0128 447 2343
8. **New Kasr Al-Aini Teaching Hospital**
27 Nafezet Sheem El Shafay St. «KASR EL AINY
Phone: 02 23654060
9. **The Italian Hospital**
17 El Sarayat St. Abbasseya, Cairo
Phone: 02 24678190

10. Cairo Specialized Hospital

Mohammed Nafie, El-Montaza, Heliopolis, Cairo Governorate

Phone: 0128 286 9312

11. Military Production Specialized Medical Center

Esmail kamel street Helwan Sharkeya, Qism Helwan, Cairo Governorate

Phone: 02 25588151

12. Heliopolis Specialized Hospital

Heliopolis square «El-Nozha, Qism El-Nozha, Cairo Governorate

Phone: 02 26339870

13. Misr International Hospital

12 El Saraya St. «Ad Doqi, Giza, Giza Governorate

Phone: 02 37608261

14. Egypt Air Hospital

Sheraton Al Matar, Qism El-Nozha, Cairo Governorate

Phone: 02 24137799

15. Nozha International Hospital

9 El Rashid St «Sheraton Al Matar, Sheraton «Cairo Governorate

Phone: 02 22660555

16. Galia Military Hospital

Sheraton Al Matar, Qism El-Nozha, Cairo Governorate

Phone: 02 22673651

17. Giza International Hospital

334 Haram St., El haram, Giza Beside Banque Misr

Phone: 35863762 - 37812791

18. Hasbo International Hospital

6 Ahmed Fakhry St. «Al Manteqah as Sadesah, Nasr City, Cairo Governorate

Phone: 0100 662 5687

19. El Rowwad Hospital

Al Maadi Company, Al Basatin Al Gharbeyah, El-Basatin, Cairo Governorate

Phone: 02 27040061

20. Coptic Hospital

Ramsis st. extension - beside NBE branch - Cairo

Phone: 02 25899866

21. Dar El Shefa Hospital

25 Mohammed Al Falmi, Al Abbaseyah Al Gharbeyah, Al Waili, Cairo Governorate

Phone: 0106 580 3258

22. Ahmed Maher Teaching Hospital

341, Port Said St., Bab El Khalq, 341 Port Said, Cairo, Cairo Governorate

Phone: 02 23911838

23. One Day Surgeries Hospital

El Sehha St. Al Hay as Sades, Nasr City, Cairo Governorate

Phone: 02 24052401

24. El Mounira General Hospital

2 nobar st. El-Sayedla Zainab, Cairo Governorate

Phone: 02 27925881

25. El Agouza Hospital

176 El Nil St. Al Agouzah, Giza

Phone: 02 33462004

26. El Zaitoun Specialized Hospital

Omar El-Mokhtar, El-Zaytoun, Cairo

Phone: 0106 237 8567

Notes

- The original documents include:
 - a) "Application Form of Participant".
 - b) "Foreigner Physical Examination Form" (must be examined by the hospital and stamped).(attached with the examinations papers)
 - c) "Visa Application Form".
 - d) Passport which have at least 6 months validity.
 - e) (6) pictures on white background.
 - f) Recommendation letter. (from work)
 - g) Personal Statement.(motivation letter)
 - h) Business card.
 - i) Information Form (attached)
 - Males Please attention to the issues of military service, to avoid causing problems during the travel procedures at the airport.
 - Air ticket, accommodation and transportation expenses will be covered by Chinese-side during the course.
 - Please send all the documents requested to our Commercial Office at least 15 working days in advance before the seminar begins.
- After completing the registration and admission procedures, You pay the visa fee for receive the passport , which is cost 150 or 265 L.E .At any of the branches of CIB Bank ,account number: 0760061408,or by using visa card at the consulate.

Commercial Office of Chinese Embassy
No.22, Bahgat Aly Street, Zamalek, Cairo

ملاحظات هامة

الأوراق المطلوبة للتقديم :-

- ١- استمارة البيانات (application form).
- ٢- استمارة الفحص الطبي physical examination form بخاتم مستشفى مرفق معها التحليل والأشعة (ضرورية الالتزام بالمستشفيات المحددة من قبل السفارة الصينية)
- ٣- استمارة الفيزا (Visa application form)
- ٤- جواز سفر سارى لمدته لا تقل عن ستة أشهر .
- ٥- ستة صور شخصية (خلفية بيضاء).
- ٦- خطاب ترشيح من جهة العمل بالإنجليزية.
- ٧- خطاب ترشيح وزارة التعاون الدولي بفضل إحضار صورة من خطاب الترشيح الخاص بوزارة التعاون الدولي).
- ٨- بيان شخصى بالإنجليزية. (يذكر فيه الغرض من الذهاب للدورة التدريبية)
- ٩- كارت شخصى (يفضل باللغة الإنجليزية) ان وجد .
- ١٠- شهادات تحركات (من مجمع التحرير حديثة)
- ١١- استمارة بيانات (مرفقة بالإيميل)
- ١٢- يرجى من الذكور الانتباه إلى مسألة تأدية الخدمة العسكرية لعدم التسبب فى عائق أثناء إجراءات السفر فى المطار .
- ١٣- يتحمل الجانب الصيني مصاريف تذكر الطيران ، والإقامة والتنقلات خلال مدة السفر.
- ١٤- يفضل اصطحاب بعض الهدايا التذكارية فى حالة السفر لتبادلها مع الجانب الصيني رمزا للصدقة .
- ١٥- يرجى إرسال الأوراق المطلوبة قبل موعد بدء الدورة التدريبية ب ٢٠ يوم عمل .
- ١٥- بعد إتمام إجراءات القبول والتسجيل يتم تسديد رسوم تأشيرة السفر عند استلام الجواز من جانبكم والتي تبلغ قيمتها نحو ٦٠٠ جنيهاً. لدى أى من فروع بنك CIB على رقم حساب : ٠٧٦٠٠٦١٤٠٠٨ أو عن طريق كارت الفيزا بالقنصلية .

العنوان : ٢٢ شارع بهجت على - الزمالك - القاهرة
مكتب المستشار التجارى والاقتصادى - سفارة الصين - ٢٧٣٦٧٦٩٢ (٢٧٣٦٧٦٩٢)