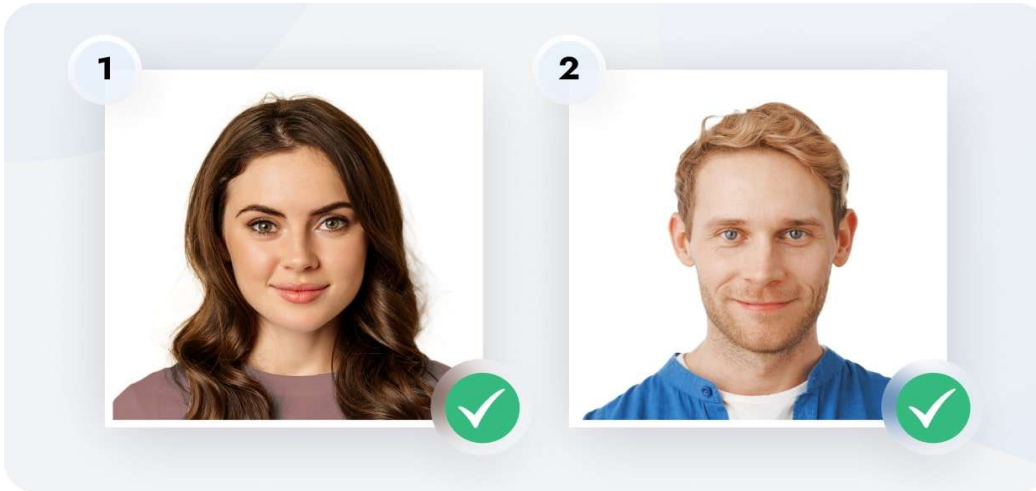


DOCUMENTS PREPARATION GUIDE.

1. PASSPORT PHOTO



Please upload a photo of yourself. This should be a passport type photo with white background. The file size should be minimum 100kb, and not bigger than 200kb in size

2. PASSPORT DOCUMENT




Please upload in JPEG or PDF format

Passport should have at least 1 year's validity after the program starts.

Ensure consistency with your passport. Avoid replacing your passport in the middle of the application process.

3. BANK STATEMENTS



STATEMENT OF ACCOUNT

Account holder name → MR/MS (First name) (Last name)

Statement Print Date: 21 Nov. 2019
Start Date: 01 Nov. 2019
End Date: 21 Nov. 2019 → Current Date

Branch Name: Brennan Center Branch

Account Type → Account Type: Savings Account - Individual

Currency → Currency: USD

POST DATE	TRANSACTION/DESC	DOC NO.	VALUE DATE	DR	CR	BALANCE
Nov - 01	Deposit payment	2165432	Nov - 01	5,000		505,491.59
Nov - 01	Niagara company working	4621231	Nov - 01		12,000	517,491.59
Nov - 01	Cash Deposit	2654654	Nov - 01		11,000	528,491.59
Nov - 03	Cash Deposit	3546546	Nov - 03		13,000	541,491.59
Nov - 04	Withdrawal	8654546	Nov - 04	75,000		466,491.59
Nov - 05	Cash Deposit	1574687	Nov - 05		54,000	520,491.59
Nov - 06	Cash Deposit	1546542	Nov - 06		1,000	521,491.59
Nov - 07	Cash Deposit	1576543	Nov - 07		60,100	581,591.59
Nov - 10	Cash Deposit	6795132	Nov - 10		5,000	586,591.59
Nov - 10	Cash Deposit	6574652	Nov - 10		7,580	594,171.59
Nov - 10	Withdrawal	6572621	Nov - 10	58,620		535,551.59
Nov - 12	Cash Deposit	6546576	Nov - 12		1,000	536,551.59
Nov - 12	Cash Deposit	6879842	Nov - 12		30	536,581.59
Nov - 13	Cash Deposit	1657621	Nov - 13		450	537,031.59
Nov - 14	Cash Deposit	5576213	Nov - 14		7,500	544,531.59
Nov - 15	Cash Deposit	6541384	Nov - 15		351,210	895,741.59
Nov - 15	Cash Deposit	1549543	Nov - 15		56,120	951,861.59
Nov - 16	Cash Deposit	2154335	Nov - 16		8,000	959,861.59
Nov - 16	Cash Deposit	5415463	Nov - 16		900	960,761.59
Nov - 16	Cash Deposit	1546868	Nov - 16		310	961,071.59
Nov - 16	Withdrawal	1575320	Nov - 16	542,000		419,071.59
Nov - 17	Withdrawal	4879543	Nov - 17	3,000		416,071.59
Nov - 18	Cash Deposit	1576282	Nov - 18		5,400	421,471.59
Nov - 18	Cash Deposit	3249510	Nov - 18		500	421,971.59
Nov - 19	Withdrawal	3247620	Nov - 19	1,000		420,971.59
Nov - 20	Cash Deposit	4271520	Nov - 20		450	421,421.59

Date → Nov - 20 → Closing Balance

198562-013

BRENNAN CENTER BANK

BRENNAN CENTER BRANCH

Signature

Bank Stamp or signature

OPENING: 505,491.59

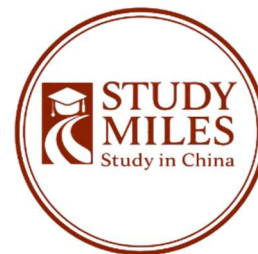
TOTAL DEBIT AMT: 684,620.00

TOTAL CREDIT AMT: 991,150.00

CLOSING BALANCE: 421,421.59

Available Balance

Bank certificate/statement of deposit in recent 6 months with an official stamp. The name on the certificate should be matched with your financial supporter. Minimum closing balance that most universities ask for is **10,000USD**.



Doctor's Instructions

Dear Sir/Madam,

I am currently applying to universities in China, which requires me to undergo a medical examination and submit the results as part of my application. Enclosed is the Foreigner Physical Examination Form, a standardized document provided by the Chinese government.

I kindly request that you perform the following tests and complete the form:

1. Complete Blood Test: Including HIV, Syphilis Serodiagnosis (RPR, TPPA), Hepatitis B Surface Antigen (HbsAg), Hepatitis C Virus Antibodies (AntiHCV), and Alanine Transaminase (ALT/GPT)
2. Chest X-Ray
3. Urine Test
4. Electrocardiogram (ECG)

Please ensure the following when completing the form:

1. Use the provided Chinese template: All examination results must be recorded on the enclosed Foreigner Physical Examination Form.
2. Test validity: Tests must be conducted within the **last six months** for validity in the application process.
3. Language: The form and results must be in **English or Chinese**.
4. Identification: The form must include my photograph.
5. Certification: The **completed form must be signed, stamped, and dated** by you or the hospital authority to verify its authenticity.
6. **Public Hospital:** The examination must be conducted at a **public hospital**.
7. Upload of Results: Please provide all **test results**, including **detailed reports for each test**.

The completed form and results are essential for progressing with my application. I appreciate your attention to detail and assistance with this matter. Please let me know if you need any additional information from me.

Thank you.

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 Birthday		照片 (加盖检查单位印章) Photo (Stamped Official Stamp)																																										
现在通讯地址 Present mailing address																																																
国籍或地区 Nationality (or Area)		出生地 Birth place		血型 Blood type																																												
<p>过去是否患有下列疾病：(每项后面请回答“否”或“是”) Have you ever had any of the following diseases? (Each item must be answered “Yes” or “No”)</p> <table border="0"> <tr> <td>班疹 伤寒</td> <td>Typhus fever</td> <td><input type="checkbox"/> No <input type="checkbox"/> Yes</td> <td>菌 痢</td> <td>Bacillary dysentery</td> <td><input type="checkbox"/> No <input type="checkbox"/> Yes</td> </tr> <tr> <td>小儿麻痹症</td> <td>Poliomyelitis</td> <td><input type="checkbox"/> No <input type="checkbox"/> Yes</td> <td>布氏杆菌病</td> <td>Brucellosis</td> <td><input type="checkbox"/> No <input type="checkbox"/> Yes</td> </tr> <tr> <td>白 喉</td> <td>Diphtheria</td> <td><input type="checkbox"/> No <input type="checkbox"/> Yes</td> <td>病毒性肝炎</td> <td>Viral hepatitis</td> <td><input type="checkbox"/> No <input type="checkbox"/> Yes</td> </tr> <tr> <td>猩 红 热</td> <td>Scarlet fever</td> <td><input type="checkbox"/> No <input type="checkbox"/> Yes</td> <td>产褥期链球</td> <td>Puerperal streptococcus infection</td> <td></td> </tr> <tr> <td>回 归 热</td> <td>Relapsing fever</td> <td><input type="checkbox"/> No <input type="checkbox"/> Yes</td> <td>菌 感 染</td> <td></td> <td><input type="checkbox"/> No <input type="checkbox"/> Yes</td> </tr> <tr> <td>伤寒和付伤寒</td> <td colspan="2">Typhoid and paratyphoid fever</td> <td colspan="2"></td> <td><input type="checkbox"/> No <input type="checkbox"/> Yes</td> </tr> <tr> <td>流行性脑脊髓膜炎</td> <td colspan="2">Epidemic cerebrospinal meningitis</td> <td colspan="2"></td> <td><input type="checkbox"/> No <input type="checkbox"/> Yes</td> </tr> </table>							班疹 伤寒	Typhus fever	<input type="checkbox"/> No <input type="checkbox"/> Yes	菌 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	Puerperal streptococcus infection		回 归 热	Relapsing fever	<input type="checkbox"/> No <input type="checkbox"/> Yes	菌 感 染		<input type="checkbox"/> No <input type="checkbox"/> Yes	伤寒和付伤寒	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
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<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 disorders endangering the public order and security? (Each item must be answered “Yes” or “No”)</p> <table border="0"> <tr> <td>毒物瘾</td> <td>Toxicomania</td> <td><input type="checkbox"/> No <input type="checkbox"/> Yes</td> </tr> <tr> <td>精神错乱</td> <td>Mental confusion</td> <td><input type="checkbox"/> No <input type="checkbox"/> Yes</td> </tr> <tr> <td>精神病 Psychosis:</td> <td>躁狂型 Manic psychosis</td> <td><input type="checkbox"/> No <input type="checkbox"/> Yes</td> </tr> <tr> <td></td> <td>妄想型 Paranoid psychosis</td> <td><input type="checkbox"/> No <input type="checkbox"/> Yes</td> </tr> <tr> <td></td> <td>幻觉型 Hallucinatory</td> <td><input type="checkbox"/> No <input type="checkbox"/> Yes</td> </tr> </table>							毒物瘾	Toxicomania	<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	<input type="checkbox"/> No <input type="checkbox"/> Yes																											
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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 左 L_____		矫正视力 左 L_____		眼 Eyes																																												
Vision 右 R_____		Corrected vision 右 R_____																																														
辨色力 Colour sense		皮肤 Skin		淋巴结 Lymph nodes																																												
耳 Ears		鼻 Nose		扁桃体 Tonsils																																												
心 Heart		肺 Lungs		腹部 Abdomen																																												

脊柱 Spine		四肢 Extremities		神经系统 Nervous system																	
其他所见 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 ECC																		
化验室检查 (包括艾滋病、 梅毒等血清学检查) Laboratory exam (attached test report of AIDS, Syphilis etc)																					
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. <table><tr><td>霍乱</td><td>Cholera</td><td>性病</td><td>Venereal Disease</td></tr><tr><td>黄热病</td><td>Yellow fever</td><td>肺结核</td><td>Lung tuberculosis</td></tr><tr><td>鼠疫</td><td>Plague</td><td>艾滋病</td><td>AIDS</td></tr><tr><td>麻风</td><td>Leprosy</td><td>精神病</td><td>Psychosis</td></tr></table>						霍乱	Cholera	性病	Venereal Disease	黄热病	Yellow fever	肺结核	Lung tuberculosis	鼠疫	Plague	艾滋病	AIDS	麻风	Leprosy	精神病	Psychosis
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意 见 Suggestion			检查单位盖章 Official Stamp																		
医师签字 Signature of physician			日期 Date																		