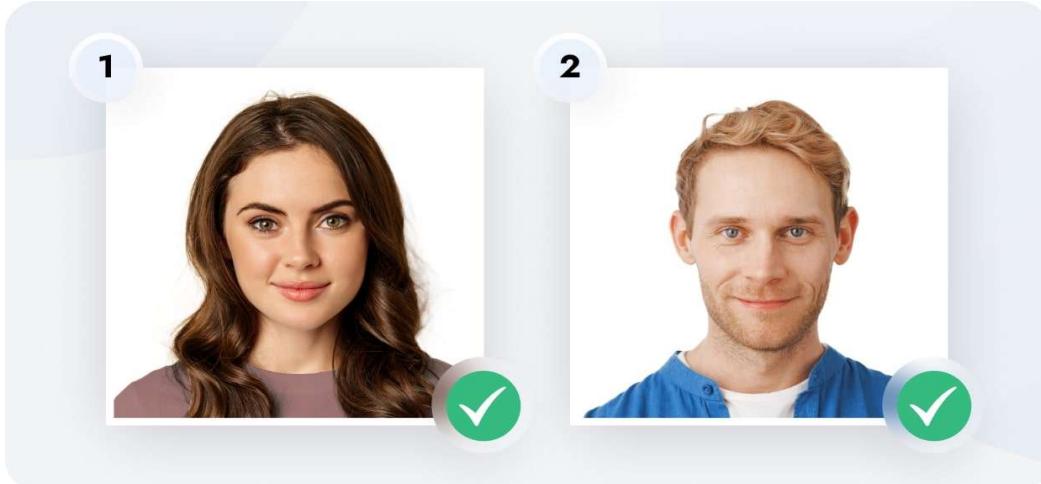


DOCUMENTS PREPARATION GUIDE.

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

Brennan Center bank

Account holder: 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: Savings Account - Individual
Currency: USD

| POST DATE | TRANSACTION | 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 |

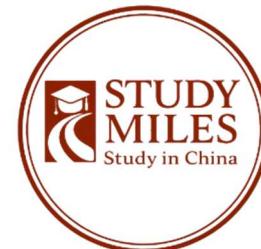
Date: Nov - 20 (Closing Balance)

| | | |
|------------------|-------------------|-----------------|
| OPENING | 505,491.59 | DR Count = 06 |
| TOTAL DEBIT AMT | + 684,620.00 | + CR Count = 20 |
| TOTAL CREDIT AMT | + 684,620.00 | + DR Count = 06 |
| CLOSING BALANCE | 421,421.59 | |

Available Balance: 421,421.59

198562-013
BRENNAN CENTER BANK
BRENNAN CENTER BRANCH
Signature
Bank Stamp or signature

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”)</p> <p>Have you ever had any of the following diseases?</p> <p>(Each item must be answered “Yes” or “No”)</p> <table> <tbody> <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 colspan="2">伤寒和付伤寒</td> <td colspan="2">Typhoid and paratyphoid fever</td> <td><input type="checkbox"/> No <input type="checkbox"/> Yes</td> <td></td> </tr> <tr> <td colspan="2">流行性脑脊髓膜炎</td> <td colspan="2">Epidemic cerebrospinal meningitis</td> <td><input type="checkbox"/> No <input type="checkbox"/> Yes</td> <td></td> </tr> </tbody> </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 | |
| 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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <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”)</p> <p>Do you have any of the following diseases or disorders endangering the public order and security?</p> <p>(Each item must be answered “Yes” or “No”)</p> <table> <tbody> <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</td> <td>Psychosis:</td> <td>躁狂型 Manic psychosis <input type="checkbox"/> No <input type="checkbox"/> Yes</td> </tr> <tr> <td></td> <td></td> <td>妄想型 Paranoid psychosis <input type="checkbox"/> No <input type="checkbox"/> Yes</td> </tr> <tr> <td></td> <td></td> <td>幻觉型 Hallucinatory <input type="checkbox"/> No <input type="checkbox"/> Yes</td> </tr> </tbody> </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 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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) | | | | | | | | | | | | | | | | | | | | | |
| <p>未发现患有下列检疫传染病和危害公共健康的疾病:</p> <p>None of the following diseases of disorders found during the present examination.</p> <table> <tbody> <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> </tbody> </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 |
| 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 | | | | | | | | | | | | | | | | | | |
| 意 见 Suggestion | 检查单位盖章 Official Stamp | | | | | | | | | | | | | | | | | | | | |
| 医师签字 Signature of physician | 日期 Date | | | | | | | | | | | | | | | | | | | | |