**Curriculum Vitae**

Face photo

Taken within 3 months. Digital image data OK.

Date:

Name: Family Name, First Name, Middle Name

Date of Birth: yyyy/mm/dd Age:

Nationality: Gender:

Marital Status:

Personal Address:

Phone Number:

E-mail Address:

Current Position:

Current Affiliation:

Work Address:

Phone Number:

E-mail Address:

Education:

*In chronological order from high school, university to graduate school(s)*

|  |  |  |  |
| --- | --- | --- | --- |
| From | To |  |  |
| yyyy/mm | yyyy/mm |  | high school |
|  |  |  | BS |
|  |  |  | MS |
|  |  |  | Ph.D. |

*\* Add more lines, if necessary.*

Degrees:

Ph.D. in ## (Month/Year) Department, University

Title of Ph.D. Thesis:

Work Experience:

*In chronological order from old to new*

|  |  |  |  |
| --- | --- | --- | --- |
| From | To | Affiliation | Position |
| yyyy/mm | yyyy/mm |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

*\* Add more lines if necessary or delete cells if redundant.*

Nationally Accredited Qualifications (if any):

(Month/Year) Qualifications

Linguistic Skills:

Language, Fluency

References:

Two Names, and their Positions, Affiliations, Email Addresses

**Publication List**

**Original Papers:**

*Do not include proceedings papers unless they are published in scientific journals as original papers.*

1. Author Names, Title of Paper, Journal Vol, Page (Year). doi:

**Review Papers:**

1. Author Names, Title of Paper, Journal Vol, Page (Year). doi:

**Books:**

**Honors and Awards:**

**Professional Affiliations:**

MRS, APS,...

**ORCiD:**

**Health Condition:**

**Notes (if any):**

I hereby certify that all information in this form is correct and complete to the best of my knowledge. When the information provided is not true, or if I fail to provide information that should be provided, I accept the cancellation of employment.

I authorize you to contact my former and current employers for the purpose of obtaining any information regarding my employment, reasons for resignation and health conditions.

Name：\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_

\* The personal information contained in the application documents will not be used for other purpose.