

China-South Asia Young Envoys Program Registration Form

I. Basic Information

| | |
|------------|--|
| Country | |
| University | |

II. Contact Person

** All correspondence will be made with this Contact Person*

| | |
|--------------------|--|
| Name | |
| Faculty/Department | |
| Position | |
| Email | |
| Contact no. | |

III. Details of Candidates

1. Candidate (Student)

| | | | |
|---|--|----------------------------|--|
| Family name | | First name | |
| Gender | | Date of birth | |
| Faculty/Department | | Major | |
| Academic level | | Language proficiency | |
| Contact no. | | Passport no. | |
| Email | | | |
| Special dietary needs | | Special medical conditions | |
| A short biography and relevant experience in Chinese language learning or studies (maximum 100 words) | | | |

2. Candidate (Faculty Staff)

| | | | |
|---|--|----------------------------|--|
| Family name | | First name | |
| Gender | | Date of birth | |
| Faculty/Department | | Position | |
| Academic title | | Highest diploma or degree | |
| Language proficiency | | | |
| Contact no. | | Passport no. | |
| Email | | | |
| Special dietary needs | | Special medical conditions | |
| A short biography and relevant experience in Chinese language learning or studies (maximum 100 words) | | | |

* Please submit the form to the Secretariat of S&SE Asian UN at sseaun@163.com by **June 16, 2025**.