

(JANAMEF PA-1)

1. Name : \_\_\_\_\_ ( ) male  
          Family name      First name      ( ) female

2. Born : \_\_\_\_\_ · \_\_\_\_\_ · \_\_\_\_\_ in \_\_\_\_\_  
          Month      Day      Year      Prefecture

Please  
attach your  
photo taken  
within 3 months

3. Present address

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TEL : \_\_\_\_\_ FAX : \_\_\_\_\_ E-mail : \_\_\_\_\_

4. Name of school (last graduated), address and date of graduation

Name : \_\_\_\_\_ · \_\_\_\_\_ · \_\_\_\_\_ · \_\_\_\_\_

Address : \_\_\_\_\_

5. Postgraduate trainig

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6. National license for \_\_\_\_\_ No. \_\_\_\_\_ · \_\_\_\_\_ · \_\_\_\_\_ · \_\_\_\_\_

(JANAMEF PA-2)

7. Foreign certificate

ECFMG(USMLE)

Step 1: No. \_\_\_\_\_ . \_\_\_\_\_ . \_\_\_\_\_ . \_\_\_\_\_  
Month Day Year

Step 2CK: No. \_\_\_\_\_ . \_\_\_\_\_ . \_\_\_\_\_ . \_\_\_\_\_  
Month Day Year

Step 2CS: No. \_\_\_\_\_ . \_\_\_\_\_ . \_\_\_\_\_ . \_\_\_\_\_  
Month Day Year

Step 3 : No. \_\_\_\_\_ . \_\_\_\_\_ . \_\_\_\_\_ . \_\_\_\_\_  
Month Day Year

MCCEEGFMS : No. \_\_\_\_\_ . \_\_\_\_\_ . \_\_\_\_\_ . \_\_\_\_\_  
Month Day Year

CGFNS : No. \_\_\_\_\_ . \_\_\_\_\_ . \_\_\_\_\_ . \_\_\_\_\_  
Month Day Year

: No. \_\_\_\_\_ . \_\_\_\_\_ . \_\_\_\_\_ . \_\_\_\_\_  
Month Day Year

Others:(Please specify) : No. \_\_\_\_\_ . \_\_\_\_\_ . \_\_\_\_\_ . \_\_\_\_\_  
Month Day Year

8. English

Listening ability : 1. excellent 2. good 3. fair 4. poor

Speaking ability : 1. excellent 2. good 3. fair 4. poor

Reading ability : 1. excellent 2. good 3. fair 4. poor

Writing ability : 1. excellent 2. good 3. fair 4. poor

Certificate : TOEFL score

\_\_\_\_\_ PBT 点/CBT 点/iBT 点

\_\_\_\_\_ . \_\_\_\_\_ . \_\_\_\_\_  
Month Day Year

(JANAMEF PA-3)

9. Have you been accepted by an institution overseas?

Yes.

No.

If yes, which institution?

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

Department : \_\_\_\_\_

Position : \_\_\_\_\_

Starting Date : \_\_\_\_\_ Duration : \_\_\_\_\_

Address : \_\_\_\_\_

Contact person : \_\_\_\_\_

TEL : \_\_\_\_\_ FAX : \_\_\_\_\_

\* Please attach any supporting document.

10. References

1) JANAMEF Member

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

Position : \_\_\_\_\_

Institution/Company : \_\_\_\_\_

TEL : \_\_\_\_\_ FAX : \_\_\_\_\_ E-mail : \_\_\_\_\_

2) Other

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

Position : \_\_\_\_\_

Institution/Company : \_\_\_\_\_

TEL : \_\_\_\_\_ FAX : \_\_\_\_\_ E-mail : \_\_\_\_\_

\* Please have references send letters of recommendation to the foundation