GUARDIANS OF DAZU ROCK CARVINGS APPLICATION FORM（Organizations）

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| --- | --- | --- | --- |
| Organization Name |  | Country |  |
| Year Established |  | Area of Expertise |  |
| No.of Personnel |  | License(*organization code, certificate or other documents proving the legitimacy of the organization*) |  |
| Post Address |  |  |  |
| Contact Person Data  |
| First Name |  | Last name |  |
| Type of Document Held (*e.g. Passport, Certificate of Identity*) |  | Document No. |  |
| Telephone |  | E-mail  |  |
| Experience  | （*organization background, achievements, honor. Do not exceed 300 characters*.） |
| Work Plan |  |
| Declaration | 🞎 We have clearly understood the content of the announcement of the “Guardians of the Dazu Rock Carvings” Global Recruitment Program. All the member of this organization are in good physical and mental health, and will voluntarily and actively fulfill the duties and obligations of the “Guardian of the Dazu Rock Carving”. We declare that all the information furnished in this application are true and correct, and no one of this organization has record of criminal conviction. Signature: Date：  |
| RecommendingInstitution/Organization/Company | □The information filled out above is true and I agree with the recommendation.Stamp and Signature: Date： |

Signature of Applicant：(*signature and organization’s official seal*) Date：