

REPUBLIC OF RWANDA



HIGHER EDUCATION COUNCIL
B.P 6311 KIGALI

PUBLIC ANNOUCEMENT

People's Republic of China - Government of Rwanda Scholarships

The Higher Education Council (HEC) wishes to inform the general public that, through the Bilateral Cooperation between the Government of Rwanda and the Peoples' Republic of China, the China University of Geosciences (CUG) Wuhan has offered to the Government of Rwanda three (3) CSC (China Scholarship Council) scholarships for Masters (3 years) and PhD (4 years) programmes in the academic year 2020-2021.

Interested candidates should submit following documents:

- Application letter addressed to the Executive Director of HEC;
- National ID or valid Passport;
- Curriculum Vitae;
- One (1) passport size photo;
- Original notified certificate/transcripts;
- Original notified Degree;
- Recommendation letters from two current or former academic staff who taught or supervised the applicant;
- A study plan or research proposal (Minimum of 500 words for Masters and 800 words for PhD);
- Filled forms for China Government Scholarship and Foreign Physical Examination (available on HEC website).

Please note:

1. The English-taught programmes to apply for are:
 - Masters level: Oil and Natural Gaz Engineering, Environmental Science and Engineering, Chemistry.
 - PhD level: Oil and Natural Gaz Engineering, Environmental Engineering.
2. Candidates must possess: Bachelor's Degree in related fields with at least 2nd Class Upper Division or equivalent for the Master Degree applicants; or Masters Degree with at least 70% for the PhD applicants.
3. Candidates must be under 35 years for Masters level and 40 years for PhD level.
4. This scholarship covers the tuition fees, accommodation fees, comprehensive medical insurance and monthly living allowance. Any other extra expenses that may arise will be covered by the student.

A complete application file should be submitted to the Higher Education Council, **Students Loan Department, located at Remera (near REB) not later than 10/02/2020 at 5.00 pm**. Only complete application documents will be accepted.

Done at Kigali, 24./01./2020


Dr. Rose MUKANKOMEJE
Executive Director



Web site: www.hec.gov.rw, Email: info@hec.gov.rw, Location: MINEDUC Building, Kacyiru

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”) Have you ever had any of the following diseases? (Each item must be answered “Yes” or “No”)</p>							
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”) Do you have any of the following diseases or disorders endangering the public order and security? (Each item must be answered “Yes” or “No”)</p>							
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	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	左 L _____ 右 R _____	矫正视力	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 style="text-align: center;">未发现患有下列检疫传染病和危害公共健康的疾病： None of the following diseases of disorders found during the present examination.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 25%;">霍乱</td> <td style="width: 25%;">Cholera</td> <td style="width: 25%;">性病</td> <td style="width: 25%;">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> </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
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意 见 Suggestion 医师签字 Signature of physician			检查单位盖章 Official Stamp 日期 Date																		