

REPUBLIC OF RWANDA



HIGHER EDUCATION COUNCIL
B.P 6311 KIGALI

PUBLIC ANNOUNCEMENT

CHINA - GOVERNEMENT 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 latter has offered to the Government of Rwanda 10 (ten) full scholarships (2 undergraduate scholarships and 8 scholarships for Masters/PhD levels), commencing in the academic year 2021-2022.

Interested candidates should submit all of the following application documents:

- Application letter addressed to the Executive Director of HEC;
- Copy of valid Passport;
- Curriculum Vitae;
- One (1) recent passport size photo;
- Original-notified degree certificate and transcripts;
- Recommendation letters from two current or former academic staff who taught or supervised the applicant;
- A study plan or research proposal (minimum of 200 words for undergraduate and 800 words for Masters and PhD);
- Filled forms for Chinese Government Scholarships and Medical Physical Examination (available on HEC website).

Please note:

- The above mentioned application documents will be submitted online to HECMIS using the link: <http://mis.hec.gov.rw/system-login>;
- The applicant must be under 25 years of age for undergraduate studies, under 35 for Masters, under 40 for PhD level at the time of application;
- Candidates must have studied in Sciences, Technology, Engineering and Mathematics (STEM) related fields with at least: i) 70/73 in the 2019 Senior Six National Examinations or the equivalent for qualifications obtained abroad; ii) 2nd Class Upper Division or equivalent at Bachelor level; iii) a good pass at Masters level.

Application deadline: 20/01/2021.

Done at Kigali,/..../2020.


Dr. Rose MUKANKOMEJE
Executive Director



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 Birth Day-Month-Year		照片 (加盖检查单位印章) Photo (Stamped Official Stamp)
现在通讯地址 Present mailing address					血型 Blood type	
国籍或地区 Nationality (or Area)		出生地址 Birth Place				
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")						
斑疹伤寒 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	产褥期链球菌感染 Puerperal streptococcus infection	<input type="checkbox"/> No <input type="checkbox"/> Yes			
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					
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")						
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 Psychosis	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 Psychosis.....	<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 Vision	左 L _____ 右 R _____	矫正视力 Corrected Vision	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 ECG											
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: 50%;">霍乱 Cholera</td> <td style="width: 50%;">性病 Venereal Disease</td> </tr> <tr> <td>黄热病 Yellow fever</td> <td>肺结核 Lung tuberculosis</td> </tr> <tr> <td>鼠疫 Plague</td> <td>艾滋病 AIDS</td> </tr> <tr> <td>麻风 Leprosy</td> <td>精神病 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
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												
意见 Suggestion 医师签字 Signature of physician	<p style="text-align: right;">检查单位盖章 Official Stamp</p> <p style="text-align: right;">日期 Date</p>												