

## ROYAL THAI CONSULATE-GENERAL XI'AN

## APPLICATION FORM

Local Staff (Translator)

Personal Information  OMr. OMrs. OMiss Name:				Photo	
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		Age:	L		
		Birth:N			
		gle () Divorce Number			
		Date of Expiry (D/M/Y):			
Tel	Fax: N	Mobile: Emai	l:		
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Degree	Name of Institution	Name of Institution/ Year of graduation		GPA	
		ach resume/curriculum vitae	e it see approp		
Name of Employer		Position		Duration	
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