



NOC Employment Declaration

On behalf of..... (print name of National Olympic Committee)(“NOC”), I certify the following team doctors will be employed by the NOC to practice medicine during the 29th Olympic Games.

NOC team doctors to practice in Chinese Mainland

	Given Name	Family Name	Specialty	Remark
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				

NOC team doctors to practice in Hong Kong Special Administrative Region

	Given Name	Family Name	Specialty	Remark
1				
2				
3				
4				
5				

I certify that –

- (a) the above applicants are employed as team doctors during the 29th Olympic Games,
- (b) the employment is necessary for sports events of the 29th Olympic Games,
- (c) the applicant’s registration stated in their application form has been verified with the medical authority to be true,
- (d) the translations (if any) of supporting documents in a foreign language are accurate,
- (e) this application is sponsored by the said National Olympic Committee

Signed, Sealed and Delivered by:

 Name (please print): _____ Signature of authorized representative of NOC Date: _____

 Title (please print): _____

Attention: This form, along with all the individual application forms for registration as NOC team doctor, must reach BOCOG no later than March 31, 2008. Please observe the IOC accreditation regulation regarding the ratio of NOC team doctors.

Mailing Address: Ms. ZHEN Xiaozhen / Ms. LI Yanli

Medical Services Division, Games Services Department
 Beijing Organizing Committee for the Games of the XXIX Olympiad, No. 267, Beisihuanzhonglu
 Beijing, 102008, PR China

Fax: 8610-66698017