



REPUBLIC OF NAMIBIA  
**OFFICE OF THE PRESIDENT**  
**NATIONAL PLANNING COMMISSION**

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Enquiries: T. SISAMU  
Ref no. 13/5

**30 MARCH 2026**

**To: All Executive Directors  
All Chief Regional Officers**

Dear Colleagues,

**SUBJECT: 2026 DEGREE PROGRAMME FUNDED BY THE MINISTRY OF  
COMMERCE OF CHINA**

The Government of the People's Republic of China is offering master's and PHD programs fully funded by its Ministry of Commerce. Offices, Ministries and Agencies (OMAs) are therefore requested to circulate this information to all interested staff members.

The closing date for all the programs is 1 May 2026, as all application materials must reach the Embassy before 6 May 2026. Please find attached all the necessary documents that will assist applicants in applying for any program of their choice.

The Embassy of the People's Republic of China to Namibia will select the qualified candidates and recommend to the relevant universities which make the final decision of admission. Only the admitted candidates will be contacted.

**The requirements for MOFCOM Scholarship are as follows:**

- Be a government official , an academic staff member of university or a senior manager of enterprise from Namibia, under the age of 45, and with over 3 years of working experience.

- Must have a bachelor's degree holder when applying for master's program, or a master's degree holder when applying for doctoral degree;
- Must be in a good health (Use a Foreigner Physical Examination Form and must be signed by doctor- as attached hereto)

**Application Procedure:**

- The detailed introduction and application guide can be found and downloaded at: <https://www.china-aibo.cn/en/info/1005/1497.htm>
- Please read the instructions carefully before applying, as each applicant can only apply for **one program and each program can be slightly different**

Documents to be submitted to NPC before or on 1 May 2026:

1. Application Form.
2. Two recommendation letters (PDF): one from the ministry or institution that the applicant works for; the other from a professor in the university that the applicant graduated from;
3. Bachelor's or master's Degree (PDF)
4. Academic Transcripts (PDF)
5. A personal statement including the study plan or research proposal with a minimum of 1000 words (PDF).
6. Foreign Physical Examination Form (PDF)
7. Passport photocopy (Passport validity must exceed the duration of the studies); **Service or Diplomatic passport is not acceptable (PDF)**
8. CV (PDF)
9. Certificate or non-criminal record (**Police Clearance**) (PDF)
10. Lastly you will be required to complete a MOFCOM Scholarship Candidates Sheet at NPC

Please find attached all the necessary documents that will assist applicants in applying for any program of their choice. Please note that all applications will be submitted at **NPC, on the first floor in the Brainstorming Room**. Also visit the NPC website for more information.

For any further enquiries, please do not hesitate to contact Mr. Tobias Sisamu ([tsisamu@npc.gov.na](mailto:tsisamu@npc.gov.na) / +264 61 283 4091) and Mr. Oscar Naanda ([onaanda@npc.gov.na](mailto:onaanda@npc.gov.na) / 061 2834 4112).

We count on your usual cooperation.

Yours Sincerely

**SYLVESTER MBANGU**  
**ACTING EXECUTIVE DIRECTOR**





## Office of the President National Planning Commission

### **ADDITIONAL INFORMATION FOR THE PEOPLES REPUBLIC OF CHINA MOFCOM SCHOLARSHIPS (MASTERS AND PHD DEGREES) FOR 2022/2023**

Applications are invited from qualified officials to apply for the above-mentioned training opportunities in the Peoples Republic of China.

#### **Application Eligibility**

- i. Must be a holder of a bachelor or master degree;
- ii. Be under the age of 45 years
- iii. Should have at least 3 years working experience in Government department
- iv. Have good command of both written and spoken English
- v. Be in good health, physically and mentally

#### **Application materials required/Supporting documents**

- i. Complete foreign application form of University which is provided in respective enrollment brochure
- ii. Graduation certificates (Degrees)
- iii. Academic transcripts
- iv. Latest recommendation letter from the Previous University
- v. Recommendation letters from employer
- vi. A certified copy of passport
- vii. Completed physical examination
- viii. Complete online Chinese scholarship application form
- ix. Curriculum vitae in English

#### **Mode of application**

Application information and other relevant documents can be accessed at this link: <http://www.china-aibo.cn/en/info/1005/1497.htm>

[www.studyinchina.csc.edu](http://www.studyinchina.csc.edu)

Applications must be printed and hand-delivered to:

National Planning Commission, Government Office Park, Office No.147.

For any further enquiries, please do not hesitate to contact Mr. Tobias Sisamu ([tsisamu@npc.gov.na](mailto:tsisamu@npc.gov.na)/+264 61 283 4091) or; Ms. Maria Ipinge (Mlpinge@npc.gov.na / +264 61 283 4163).

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# 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	Puerperal streptococcus	<input type="checkbox"/> No <input type="checkbox"/> Yes
回归热	Relapsing fever	<input type="checkbox"/> No	<input type="checkbox"/> Yes	菌感染	infection	<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	厘米	体重	公斤	血压	毫米汞柱	
Height	cm	Weight	kg	Blood pressure	mmHg	
发育情况 Development		营养情况 Nourishment		颈部 Neck		
视力	左 L_____	矫正视力	左 L_____	眼 Eyes		
Vision	右 R_____	Corrected Vision	右 R_____			
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>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> <tr> <td>霍乱</td> <td>Cholera</td> <td>性病</td> <td>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		检查单位盖章 Official Stamp																			
医师签字 Signature of physician		日期 Date																			