



Ministry of Foreign Affairs
Thailand International Development Cooperation Agency (TICA)
 962 Krung Kasem Road, Bangkok 10100, Thailand
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FELLOWSHIP APPLICATION FORM

<p>INSTRUCTIONS</p> <p>This application form is composed of five parts (part A to part E) and should be completed <u>in triplicate</u>. Part A to part D should be completed by the candidate and part E by the government authority in typewritten form. <u>Each question must be answered clearly and completely. Detailed answers are required in order to make the most appropriate arrangements.</u> Official authority of the nominating Government will then forward three copies of the certified application forms to the Thailand International Development Cooperation Agency (TICA), 962 Krung Kasem Road, Bangkok 10100, Thailand, through the Royal Thai Embassy in the nominating country. The nominee is required to attach medical report or health status certification.</p>	<p>(Please attach photograph here)</p>
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Course Name: _____

A. PERSONAL HISTORY

Title	Family name (as shown in passport)	Middle name	Given name	Sex	
<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.				<input type="checkbox"/> Male <input type="checkbox"/> Female	
City and country of birth	Nationality	Date of birth (DD/MM/YY)	Age	Marital Status	Religion
Work address (Please complete this section as clear as possible, information will be used for travel arrangements.)	Home address (Please complete this section as clear as possible, information will be used for travel arrangements.)				
Fax No : (Country Code / Area Code / Number)	Telephone No :	Telephone No :			
Email address :	International Airport/City for departure :				

Name and address of person to be notified in case of emergency :

Telephone No : _____ Relationship of this person to you :

Languages :	READ			WRITE			SPEAK		
	Excellent	Good	Fair	Excellent	Good	Fair	Excellent	Good	Fair
Mother tongue									
English									
Other									

English Proficiency Test (please attach) TOEFL Score IELTS Score.....
 (only a candidate for a degree course) Other (specify)

EDUCATION RECORD

Education Institution	City / Country	Years Attended		Degrees, Diplomas and Certificates	Special fields of study
		From	To		

Have you ever been trained in Thailand? If yes, please specify title of the course, where and for how long?

For a candidate for a degree programme, please give a list of relevant publications/researches (do not attach details)

B. EMPLOYMENT RECORD : It is important to give complete information. For each post you have occupied, give details of your duties and responsibilities.

Present or most recent post : Dates from _____ to _____ Title of your post : Name of organization : Type of organization : Official address :	Description of your work, including your personal responsibilities
Previous post : Dates from _____ to _____ Title of your post : Name of organization : Type of organization : Official address :	Description of your work, including your personal responsibilities

C. EXPECTATIONS

Please describe the practical use you will make of this training/study on your return home in relation to the responsibilities you expect to assume and the conditions existing in your country in the field of your training. (give the attached paper, if necessary)

D. REFERENCES (only a candidate for a degree programme please attach the recommendation letters from two persons acquainted with your academic and professional experiences.)

I certify that my statements in answer to the foregoing questions are true, complete and correct to the best of my knowledge and belief.

If accepted for a training award, I undertake to :-

- (a) carry out such instructions and abide by such conditions as may be stipulated by both the nominating government and the host government in respect of this course of training;
- (b) follow the course of training, and abide by the rules of the university or other institutions or establishment in which I undertake to train;
- (c) refrain from engaging in political activities, or any form of employment for profit or gain;
- (d) submit any progress reports which may be prescribed;
- (e) return to my home country promptly upon the completion of my course of training

I also fully understand that if I am granted a fellowship award, it may be subsequently withdrawn if I fail to make adequate progress or for other sufficient cause determined by the host Government.

Signature of applicant :

Printed name :

Date :

E. GOVERNMENT AUTHORISATION : To be completed by the nominating Government or the agency from whom the nomination has been invited.

I certify that, to the best of my knowledge,

- (a) all information supplied by the nominee is complete and correct ;
- (b) the nominee has adequate knowledge and experience in related fields and has adequate English proficiency for the purpose of the fellowship in Thailand.

On return from the fellowship, the nominee will be employed in the following position :

Title of post

Duties and responsibilities.....

Signature of responsible Government official

Official stamp :

Title :

Organisation :

Official address:

Date :

MEDICAL REPORT			
Name of Nominee		Age :	Sex :
Country			
Physical Examination (To be filled in by physician)			
Height	Cms.	Weight	kgs.
Blood Pressure		mm.Hg.	Pulse /min.
Vision	Right	Left	Eyes
		With glasses / Without glasses	
Check each item in appropriate column			
Items	Normal	Abnormal	Additional Comments
General	<input type="radio"/>	<input type="radio"/>	
Skin, Scalp	<input type="radio"/>	<input type="radio"/>	
Lymph nodes	<input type="radio"/>	<input type="radio"/>	
Eyes	<input type="radio"/>	<input type="radio"/>	
Ears :	<input type="radio"/>	<input type="radio"/>	
Otoscopic Exam			
Nose	<input type="radio"/>	<input type="radio"/>	
Pharynx & tonsils	<input type="radio"/>	<input type="radio"/>	
Teeth	<input type="radio"/>	<input type="radio"/>	
Thyroid gland	<input type="radio"/>	<input type="radio"/>	
Lungs	<input type="radio"/>	<input type="radio"/>	
Heart	<input type="radio"/>	<input type="radio"/>	
Abdomen	<input type="radio"/>	<input type="radio"/>	
Liver	<input type="radio"/>	<input type="radio"/>	
Spleen	<input type="radio"/>	<input type="radio"/>	
Hernia	<input type="radio"/>	<input type="radio"/>	
External genitalia	<input type="radio"/>	<input type="radio"/>	
Rectal exam.	<input type="radio"/>	<input type="radio"/>	
Vertebrae	<input type="radio"/>	<input type="radio"/>	
Locomotor	<input type="radio"/>	<input type="radio"/>	
Reflexcs	<input type="radio"/>	<input type="radio"/>	
Mental health status	<input type="radio"/>	<input type="radio"/>	

LABORATORY EXAMINATIONS

Blood group	Blood film for malaria	Hb	gm%
WBC	Cells/cu.mm.		
Differential	PMN %	Lymp %	Mono %
	Eos %		
	Baso %	Band %	Blast %
Urinalysis :	Colour	Sp. Gr	pH
	Alb	Blood	Ketones
			Blie
	Micro : WBC	/HPF., RBC	/HPF., Epethelial
	Casts	/HPD., Others	
Stool examination for parasite & Ova			
Chest X - Ray report			
Urine pregnancy test			

Is the nominee able physically and mentally to carry on intensive study away from home?

Is the nominee free from infectious diseases (such as tuberculosis, leprosy, syphilis and filariasis) and other conditions (such as psychosis and drug addiction) which could present risks for anyone during the fellowship period?

Does the nominee have any condition or defect which might require treatment during the fellowship period?

Full name and address of _____ Physician signature _____ M.D.
 Examining physician (printed) _____ (_____)
 _____ Date _____