FOR OFFICIAL USE ONLY



## Thailand International Cooperation Agency (TICA) Ministry of Foreign Affairs APPLICATION FORM

for Thailand International Postgraduate Programme: TIPP

	Received:	lo	
This application form is composed of five parts. Part A to part E should be completed in triplicate, part A to part D should be completed by the candidate part E by the government authority. All application forms must be filled in typewritten form. Each question must be answered clearly and complete Detailed answers are required in order to make the most appropriate arrangements. The National Focal Point for International Development Cooperation of the nominating Government will forward one original and two copies of certified application form and other related documents to the Thaila International Cooperation Agency (TICA), the Government Complex, Buildi (South Zone), 8th Floor, Chaengwatta Road, Laksi District, Bangkok 10210, THA through the Royal Thai Embassy/Permanent Mission of Thailand to the United Na Royal Thai Consulate – General accredited to eligible countries/territories. The candidate is required to attach medical report or health status certification No consideration will be given to the late submissions or incomplete applications/documents	ly.  o and ng B ILAND, ations/	(Please attach photograph here)	
Course Name:			

## A. PERSONAL HISTORY

Title	•			dle name Given name					Gender	
	(as shown in passport and kindly attach the c				our pas	sport, in	formatio	n will be used		
	for travel arrangement)									
o Mr.									o Male	
o Mrs.									o Female	
o Ms.										
0							1			
City and c	ountry of birth	Nationa	lity		ite of bi		Age	Marital	Religion	
				(DI	D/MM/	YY)		Status		
W. J. Harris (Discourse of the discourse of the second			or oc	Home address (Discon complete this section as also as						
Work address (Please complete this section as clear possible, information will be used for travel arrange				Home address (Please complete this section as clear as possible, information will be used for travel arrangements.)						
Fax No: (Cou	ntry Code / Area	Telephone No	:	Teleph	one No					
Code/ Number	er)			E-mail:						
								r departure :		
Name and add	dress of person to b	e notified in case	e of emerge	ncy:						
Telephone No	 ) :		R	elationsh	in of th	is nerson	1 to you			

Languages:			READ			WRITE		SPEAK		
		Excell	Good	Fair	Excell	Good	Fair	Excell	Good	Fair
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Mother tongue:										
English Others:										
		ah)		 	Score		⊥ □ IELT	Ta (	Score	
English Proficiency Test (only a candidate for a deg	_									
Education Record:	ice course)			nei (spec	шу)					• • • • •
Education Institution	City / C	Country	Yea	ars Attend	ed	Degrees	s. Diplor	mas	Special fi	elds of
		J	Fron		Го		ertificate		stud	
			1101							<u> </u>
Have you ever been trained	d/studied in	Thailand	? If yes, w	vhat cours	e, where a	and for ho	w long?	L		
□ No			•							
□ Yes, please specify										
Please give a list of relevan										
Thease give a fist of feleval	n publican	ons/resear	ches (do i	ioi attacii	uctaiis)					
										• • • • • • • • • • • • • • • • • • • •
B. EMPLOYMENT REC				complete i	nformatio	n. For eac	h post y	ou have o	occupied,	
give details of your duties	and respon	sibilities.)								
Present or most recent post	+ •					Dosorir	tion of	your work	·	
Present or most recent post :  Dates from to				incl	iding you		•			
Dates from to Title of your post:					men	ading your	person	штевропа	, ionities	
Name of organisation:										
-										
Ministry										
Type of organisation:										
O.C. 1 11										
Official address:										
Previous post :						Descrip	otion of	your work	ζ,	
Dates from to				inclu	ıding you		•			
Title of your post:										
Name of organisation:										
Ministry										
Ministry  Type of organisation:										
Type of organisation.										
Official address:										

**C. REFERENCES** (Please attach the recommendation letters from three (3) persons acquainted with your academic and professional experiences.)

## **D. 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)
I certify that my statements in answer to the foregoing questions are true, complete and correct.
recently that my statements in answer to the foregoing questions are true, complete and correct.
If accepted for a scholarship award, I undertake to:
a) carry out such instructions and abide by such conditions as stipulated by both the nominating government and
the host government in respect of this programme of scholarship;
b) follow the programme of scholarship, and abide by the rules of the University and Thailand International
Cooperation Agency in which I undertake the scholarship;
c) refrain from engaging in political activities, or any form of employment for profit or gain;
d) study full time, make academic progress and submit progress reports to Thailand International Cooperation
Agency;
e) not bring any member of my family to stay with me during the course;
f) return to my home country promptly upon the completion of my programme of scholarship.
I also fully understand that if I am granted a scholarship award and violate Thailand International Cooperation Agency's rules and regulations, I may be required to return part or all of the scholarship paid, depending on the severity of the violation, without any appeal.
Signature of candidate:
Printed name:
Data

**E. GOVERNMENT AUTHORISATION** (To be completed by the National Focal Point for International Development Cooperation in charge of nomination of the candidate (see guideline for TIPP for detailed information on nomination.))

Supervisor's Endorsement:	
I certify that, to the best of my knowledge,  (a) all information supplied by the candidate is com  (b) the candidate has adequate knowledge and experiments proficiency for the purpose of the scholarship	rience in related fields and has adequate English
On return from the scholarship, the candidate will be	employed in the following position:
Title of post	
Duties and responsibilities	
Sign	nature of responsible supervisor
(Official stamp)	
	nisation:
Office	ial address:
	1:
Date:	
National Focal Point for International Development Coop	peration Endorsement:
(To be completed by the National Focal Point for International attach a Diplomatic Note)	al Development Cooperation, please affix seal here or
(Official	stamp)

## Attachment

MEDICAL REPORT									
Name of Candidate									
Country					8				
Physical Examination (T	o be filled in by	physician	1)						
Height									
Vision Right Left Eyes With glasses / Without glasses									
Check each item in appre	opriate column								
Items	Normal	Abnorm	nal	Additional Com	ments				
General	0	0							
Skin, Scalp	0	0							
Lymph nodes	0	0							
Eyes	0	0							
Ears	0	0							
Orthoscopic Exam									
Nose	0	0							
Pharynx & tonsils	0	0							
Teeth	0	0							
Thyroid gland	0	0							
Lungs	0	0							
Heart	0	0							
Abdomen	0	0							
Liver	0	0							
Spleen	0	0							
Hernia	0	0							
External genitalia	0	0							
Rectal exam	0	0							
Vertebrae	0	0							
Locomotor	0	0							
Reflejes	0	0							
Mental health status	0	0							

LABORATOR	RY EXAMINATIONS
Blood group	Blood film for malaria Hb gm%
WBC	
Differential	PMN % Lymp % Mono % Eos %
	Baso
	: Colour Sp. Gr pH
Sugar	
	Alb
	Micro: WBC/HPF., RBC/HPF., Epethelial/HPF.
	Casts/ HPD., Others
Stool examinati	ion for parasite & Ova
Chest X – Ray	report
Urine pregnanc	y test
-	amined at present in good health and able to work full time?
	able physically and mentally to carry on intensive study away from home?
Is the candidate	free from infectious diseases (such as tuberculosis, leprosy, syphilis and filariasis) and other conditions
(such as psycho	sis and drug addiction) which could present risks for anyone during the scholarship period?
(For female car	adidate) Is the person examined pregnant?
Does the candid	late have any condition or defect which might require treatment during the scholarship period?
T	
I certify that the	ne candidate is medically fit to undertake the scholarship in Thailand.
Physician sign	nature (with stamp)
Place and Date	Full name and address of Examining physician (printed)
- inco and Date	<del></del>

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Telephone:	
(printed)	
E-mail:	

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