

Place Photograph Here

Chulabhorn Graduate Institute Post-Graduate Scholarship Program Scholarship Application Form (For NON-ASEAN Applicants)

IMPORTANT INSTRUCTIONS:

- Each question must be answered clearly and completely.
- Duly completed application forms should be forwarded to the Chulabhorn Graduate Institute before deadline of application
- Incomplete applications will not be considered.

| Proposed field | of study: | Applied | l Biological Sci | ences: | Environm | ental Health |
|------------------|--------------------------|--------------------------------|------------------|--------|----------|--------------|
| | Environmental Toxicology | | | | | |
| * | | Chemic | al Biology | | | |
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| PERSONAL DATA | | | | | | |
| Title | | me / Surname n in passport) | Fir | st nan | ne | Sex |
| ☐ Mr. | | | | | | Male |
| ☐ Mrs. | | | | | | ☐ Female |
| ☐ Ms. | | | | | | |
| | | | | | | |
| City and country | y of birth | Nationality | Date of Birth | Age | Marital | Religion |

Single

Married

Divorced

| Applicant's Office Add | Applicant's Home Address: | | | | | |
|---|---------------------------|-------------|--------------|--------------------------------|-------------------------|-------------------|
| | | | | | | |
| | | | | | | |
| Office telephone NO: | FAX: | | Home telep | hone NO: | FAX: | <u> </u> |
| | * | | | | | |
| | Country Area N | | | rea Number | Country Are | a Number |
| Office Email: Personal Email: | | | | | | |
| Name and address of pe | rson to be noti | fied in cas | se of emerge | ency: | | |
| | | | | | | |
| Telephone No: | | | Rel | lationshin: | | |
| Country | Area Number | 4 7 | Kel | ationship | | |
| nternational Airport / C | City of Departu | re | | | | |
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| | | | | | ~ | |
| DUCATION RECOR | D. | | | | | |
| DUCATION RECOR | City/ | Years Atter | | rees, Diplomas | Major field | Cumulative |
| 3 | | Years Atte | | rees, Diplomas Certificates | Major field of study | Cumulative GPA |
| 3 | City/ | | | | | |
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| | City/ | | | | | |
| Education Institution | City/ Country | From | To or | Certificates | of study | GPA |
| Education Institution Education Institution | City/ Country | From | To or | Certificates | of study | GPA |
| Education Institution Have you ever been tra | City/ Country | From | To or | Certificates | of study | GPA |
| Education Institution | City/ Country | From | To or | Certificates | of study | GPA |

COMMUNICATION AND MAILING ADDRESS

| Present or most recent post: | Previous post: |
|---|--|
| Employer: | Employer: |
| | |
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| Vacuus of soming (from to). | Voors of somios (from to). |
| Years of service (from-to): | Years of service (from-to): |
| | |
| Title of your post/position: | Title of your post/position: |
| The of your post position. | Title of your postsposition. |
| | |
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| ₹ | |
| Гуре of your organization: | Type of your organization: |
| | |
| Government/ Semi Government/ Private/ NGO | Government/ Semi Government/ Private/ NGO |
| Main function of the organization: | Main function of the organization: |
| | |
| | |
| | |
| Office address: | Office address: |
| office address. | Office address. |
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| | |
| Description of your work including your respo | onsibilities (Please continue on supplementary |
| pages if necessary) | |
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| EXPECTATIONS | | | | | | | | | |
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| Please describe the practical use you will make of this study on your return home in relation to the responsibilities you expect to assume and the condition existing in your country in the field of your training. (Please continue on supplementary pages if necessary) | | | | | | | | | |
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| LANGUAGES (No consideration will be given to applicants without language proficiency test documents) | | | | | | | | | |
| | Excellent | Read Good | Fair | Excellent | Write Good | Fair | Excellent | Speak Good | Fair |
| Mother tongue | | | | | | | | | |
| | | | | | | | | | |
| English | | | | | | | | | |
| Other | | | | | | | | | |
| English Proficiency Test* (please attach) | | | | | | | | | |
| TOEFL Score IELTS Score | | | | | | | | | |
| Other (specify) | | | | | | | | | |
| | | | | | | | | | |
| * Required Information | | | | | | | | | |

| SUPPORTING DOCUMENTS | | | | | | | |
|--|--|-----------------------|--|--|--|--|--|
| Transcript (s) | | | | | | | |
| Letter of Recommendation | | | | | | | |
| | | | | | | | |
| name | title | institution/company | | | | | |
| name | title | institution/company | | | | | |
| · * | | | | | | | |
| name | title | institution/company | | | | | |
| Medical Certificate | | | | | | | |
| Others (Please specify) | | | | | | | |
| Please read the following and sign I understand that withholding pertinent information requested in this application form or intentionally giving false information will make me automatically ineligible for application | | | | | | | |
| consideration. I hereby certify that my education and qualifications are in accordance with the admission requirements and all information given in this form is true. | | | | | | | |
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| | | Applicant's Signature | | | | | |
| | , - | Date | | | | | |
| Duly completed application form should be forwarded to: | | | | | | | |
| The Chulabhorn Graduate Institute | | | | | | | |
| 54 Kamphangphet (| 54 Kamphangphet 6 Road, Talat Bang Khen, | | | | | | |
| Laksi, Bangkok 102 | 210 | | | | | | |
| THAILAND | | | | | | | |
| Email: cgi_academic@cgi. | ac.th | http://www.cgi.ac.th | | | | | |