



THAILAND INTERNATIONAL DEVELOPMENT COOPERATION AGENCY (TICA)

Ministry of Foreign Affairs,

The Government Complex, Rattaprasasanabhakti Building

(Building B), South Zone, 8th Floor,

Chaengwattana Road, Bangkok 10210

Tel. (662)203 5000 ext. 42708 Fax (662) 143 9330

Email: paniteon@yahoo.com, tica@mfa.go.th Website: www.mfa.go.th

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</u>. <u>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), The Government Complex, Rattaprasasanabhakti Building (Building B), South Zone, 8th Floor, Chaengwattana Road, Bangkok 10210, 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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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 program, 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.....	Description of your work, including your personal responsibilities
Title of your post :	
Name of organization:	
Type of organization:	
Official address:	
Previous post: Dates from to.....	Description of your work, including your personal responsibilities
Title of your post:	
Name of organization:	
Type of organization:	
Official address:	

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:

Organization: Official address:

.....
.....

Date:

MEDICAL REPORT

Name of Nominee Country.....	Age :	Sex :
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Physical Examination (To be filled in by physician)

HeightCms. Weightkgs. 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"/>
Reflexes	<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 Sugar

Alb Blood Ketones Blie.....

Micro : WBC/HPF., RBC/HPF., Epethelial..... /HPF.

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

.....

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