



Ministry of Foreign Affairs
Thailand International Cooperation Agency (TICA)
Government Complex, Building B (South Zone), 8 th Floor,
Chaengwattana Road, Bangkok 10210, Thailand
Tel. 66 2203 5000 ext. 43305 Fax 66 2143 9325, 2143 8451
Email: tica@mfa.go.th Website: www.tica.thaigov.net

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. All parts must be filled in typewritten form. Each question must be answered clearly and completely. Detailed answers are required in order to make the most appropriate arrangements. Official authority of the nominating Government will then forward three copies of the certified application forms to the Thailand International Cooperation Agency (TICA), the Government Complex, Building B (South Zone), 8th Floor, Chaengwatta Road, Laksi, District Bangkok 12010, Thailand, through the Royal Thai Embassy or Consulate in the nominating country. The nominee is required to attach medical report or health status certification. No consideration will be given to the late submissions or incomplete applications/documents.</p>	(Please attach photograph here)				
Course Name:					
A. PERSONAL HISTORY					
Title	Family name (as shown in passport and kindly attach the copy of your passport, information will be used for travel arrangement)	Middle name	Given name	Sex	
<input type="radio"/> Mr. <input type="radio"/> Mrs. <input type="radio"/> Ms.				<input type="radio"/> Male <input type="radio"/> 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: Fax No:		
Update 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		
Mother tongue :.....	Excellent	Good	Fair	Excellent	Good	Fair	Excellent	Good	Fair
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, what course, where and for how long?

For a candidate for a degree course, 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 organisation:	
Type of organisation:	
Official address:	
Previous post: Dates from _____ to _____	Description of your work, including your personal responsibilities
Title of your post:	
Name of organisation:	
Type of organisation:	
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 course please attaches 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. 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"/>
Otosopic 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"/>
Reflejes	<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?
.....

I certify that the applicant is medically fit to undertake a course in Thailand.

Full name and address of Physician signatureM.D.

Examining physician (printed) (.....)

..... Date.....

.....

.....

Telephone:

(printed)

e-mail: