



**Thailand International Cooperation Agency (TICA)
Ministry of Foreign Affairs
APPLICATION FORM
for Third Country Training Programme (TCTP)**

<p><u>INSTRUCTIONS</u> The TCTP application form is composed of four parts. Part A to part C must be completed by candidate and part D by central government agency*. All fields are mandatory. Application form must be filled in typed-block letter and. The nomination must be supported by this application form. Two (2) copies of originals of all documents duly filled out, counter-signed and stamped by the authorized person must be submitted to the Thailand International Development Cooperation Agency (TICA) through the Royal Thai Embassy/Permanent Mission of Thailand to the United Nations/Royal Thai Consulate-General accredited to eligible countries/territories. Originals of nomination documents, duly filled out, must be received no later than a specified deadline of each course. Soft file of this application form can be downloaded at https://tica-thaigov.mfa.go.th/ <u>** Please write the clarity information in the application form or type it in.</u></p>	(Please attach photograph here)
Course Name: Third Country Training Program on Modernization of Power Distribution System in ASEAN Countries (On-site) during 4 – 29 September 2023	

A. PERSONAL HISTORY

Title <input type="radio"/> Mr. <input type="radio"/> Mrs. <input type="radio"/> Ms. <input type="radio"/>	Family name	Given name	Other name	Gender <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 write the clarity information) :		Home address:			
Telephone No: (Country Code / Area Code / Number)		Telephone No: (Country Code / Area Code / Number)			
Email address (please write the clarity information) :					
Preferred International Airport of departure/arrival :					
Contact person in case of emergency:					
Name:			Relationship of this person to you:		
Telephone No:			Email:		

Languages:	READ			WRITE			SPEAK		
	Excellent	Good	Fair	Excellent	Good	Fair	Excellent	Good	Fair
English Proficiency									

Mother tongue:

EDUCATION:

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

Have you ever been trained/studied in Thailand? If yes, please specify course name and duration.

No

Yes, please specify

B. EMPLOYMENT (Important to give complete information and specify current to previous jobs.)

Name of Organization/ Institution	Period (from-to)	Title of Position	Duties and Responsibilities

Questionnaire on Relationship with the Military

*If your organization and/or your status is related to the Military, Please mark with YES or NO below in the ()

Which best describes the relationship.

(YES / NO) the Military, an active military personnel or a military personnel listed in the muster roll/military register

(YES / NO) an organization affiliated with the Military, or a personnel who does not belong to the military at present but is listed in the muster roll/military register

(YES / NO) the Department or the Ministry of Defense, an organization affiliated with the Ministry of Defense, or staff of the Ministry of Defense

(YES / NO) an civilian organization but with military personnel or a military division within the organization

(YES / NO) an organization which will be affiliated with or under the control of the Military in times of emergency as specified clearly in its organic law/law of establishment

C. EXPECTATIONS

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

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 offered the training award, I undertake to :-

- (a) Conduct myself at all time in a manner compatible with my responsibilities as a participant of the training course;
- (b) Spend full time during the period of the programme as directed by TICA and training institution;
- (c) refrain from engaging in in political, commercial, or any other activities except those governed by the training programme;
- (d) submit a well-researched country report or any papers and make a prepared presentation as assigned;
- (e) accept the travel arrangements and the financial conditions relating to the fellowship provided by the Royal Thai Government
- (f) return to my home country upon the completion of my course of training.

Signature of candidate: _____

Printed name: _____

Date: _____

D. NOMINATION: To be completed by authorized person of the nominating agencies of the TCTP eligible countries/territories. (See “Guideline for TCTP” for detailed information on nomination.)

<p>I certify that;</p> <ul style="list-style-type: none">(a) The activities under this training will contribute to the specialization of the nominee. And in the case of a fellowship being granted to the nominee, full use would be made of the fellow’s expertise in the field covered by her/his fellowship;(b) to the best of my knowledge, all information supplied by the nominee is complete and correct;(c) to the best of my knowledge, the nominee has adequate knowledge and experience in related fields and has adequate English proficiency for the purpose of the fellowship in Thailand. <p>On return from the fellowship, the nominee will be employed in the following position:</p> <p style="margin-left: 40px;">Title of post</p> <p style="margin-left: 40px;">Duties and responsibilities.....</p>
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<p>Official stamp:</p> <p>Organization:</p> <p>Official address:</p> <p>Telephone no.:</p> <p>Facsimile:</p> <p>Email:</p>	<p>Name and title of responsible government official</p> <p>Signature of responsible government official</p>
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MEDICAL REPORT

INSTRUCTIONS

To be completed in capital letters by a registered medical practitioner after thorough clinical and laboratory examination including x-ray of chest.

Name of Nominee:

Age :

Gender :

Nationality:

1. Is the person examined at present in good health and able to work full time?

2. Is the person examined able physically and mentally to carry on an intensive study programme away from her/his duty station/home place?

3. Is the person examined free from infectious diseases which could present risks for both the candidate and her/his contacts during the fellowships?

4. Does the person examined have any medical conditions which might require treatment during her/his fellowships?

5. (For female nominee) Is the person examined pregnant?

I certify that the person examined is medically fit to undertake a training course in Thailand.

Physician signature (with official stamp from your doctoc)

Full name and address of examining physician: Place and

Date:

Telephone no.: Email: