



**Thailand International Cooperation Agency  
Ministry of Foreign Affairs of Thailand**

**APPLICATION FORM**

**for Annual International Training Course (AITC) Programme**

**INSTRUCTIONS**

The AITC 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. The nomination must be supported by this application form and medical report. Two (2) copies of originals of all documents duly filled out, counter-signed and stamped by the authorized person must be submitted to 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 <http://www.tica.thaigov.net>**

\* For detailed information on nomination process, please see "Guideline for AITC"

(Please  
attach

Course Name:



Email address:

Preferred International Airport of departure/arrival :

Contact person in case of emergency:

Name: Relationship of this person to you:

Telephone No: Email:

### LANGUAGE

English proficiency	Read			Write			Speak		
	Excellent	Good	Fair	Excellent	Good	Fair	Excellent	Good	Fair

Mother tongue:

### EDUCATION

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

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

- No
- Yes, please specify

## B. EMPLOYMENT (Important to give complete information)

Employee	Period (from-to)	Title of Position	Duties and Responsibilities

## 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 AITC eligible countries/territories. (See “Guideline for AITC” for detailed information on nomination.

I certify that;

(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. On return from the fellowship, the nominee will be employed in the

following position:

Title of

post .....

.....

Duties and

responsibilities.....

.....

Official stamp:

Signature of responsible government  
official

Organization:

Name and title of responsible  
government official

Official address:

Telephone no.:

Facsimile:

Email:	
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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 stamp)

Full name and address of examining physician:

Place and Date:

Telephone no.:

Email: