

**THAILAND INTERNATIONAL DEVELOPMENT COOPERATION AGENCY**

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**SCHOLARSHIP APPLICATION FORM**

**FOR OFFICIAL USE ONLY**

Reference No.....

Received: .....

Checked: .....

**Important Instructions:**

- o This application form is composed of five parts (part A to part E) and should be typed or printed clearly
- o Part A to part D should be completed by the candidate and part E by the government authority
- o Each question must be answered clearly and completely. Detailed answers are required in order to make the most appropriate arrangements.
- o Official authority of the nominating Government will formally nominate and forward three copies of the certified application forms to the Thailand International Development Cooperation Agency (TICA) through the Royal Thai Embassy in the nominating country.
- o The nominee is required to attach medical report or health status certification.
- o **No consideration will be given to the late submissions or incomplete applications/documents.**

(Please attach  
photograph here)

**Title of Course:** .....

**Name of Academic Institution:** .....

**A. PERSONAL DATA**

Title	Family name /Surname(as shown in passport)	First 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 arrangement.)		Home address (Please complete this section as clear as possible, information will be used for travel arrangement.)			
Fax No: (Country Code/ Area Code / Number)	Telephone No:	Telephone No: (Country Code/Area Code/Number)			
		International Airport/City for departure:			
Email address: .....					
Name and address of person to be notified in case of emergency:					
.....					
Telephone No: .....Relationship of this person to you : .....					

<b>Languages:</b>		<b>READ</b>			<b>WRITE</b>			<b>SPEAK</b>		
Mother tongue .....		Excellent	Good	Fair	Excellent	Good	Fair	Excellent	Good	Fair
English										
Other.....										

English Proficiency Test (please attach)    ☐ TOEFL    Score .....    ☐ IELTS    Score .....  
☐ Other (specify) .....

**EDUCATION RECORD**

Education Institution	City / Country	Years Attended		Degrees, Diplomas and Certificates	Major field 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.  
(Please continue on supplementary pages if necessary)

### D. REFERENCES (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 : .....

Organisation: .....

Official address: .....

.....  
Date .....

**Attachment**

<b>MEDICAL REPORT</b>			
Name of Nominee .....		Age: .....	Sex: .....
Country.....			
<b>Physical Examination (To be filled in by physician)</b>			
Height ..... cms. Weight .....kgs. 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 AIDS, tuberculosis, trachoma, leprosy, syphilis, skin diseases, filariasis etc.) 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 signature .....	
Examining physician (printed)		.....M.D.	
.....		(.....)	
.....		Date.....	
.....			
Telephone: .....			
(printed)			
E-mail: .....			