



**Thailand International Cooperation Agency (TICA)**  
**Ministry of Foreign Affairs**  
**APPLICATION FORM**  
**for Thailand International Postgraduate Programme: TIPP**

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| <b>FOR OFFICIAL USE ONLY</b><br>Reference No.....<br>Received: .....<br>Checked: ..... |
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|  |                                    |
|--|------------------------------------|
| <p><b>INSTRUCTIONS</b></p> <p>This application form is composed of five parts. Part A to part E 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. <b>All application form 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.</b> Official authority of the nominating Government will then forward three copies of original of all certified application forms to the Thailand International Cooperation Agency (TICA), the Government Complex, Building B (South Zone), 8<sup>th</sup> Floor, Chaengwatta Road, Laksi District, Bangkok 10210, THAILAND, through the Royal Thai Embassy/Permanent Mission of Thailand to the United Nations/Royal Thai Consulate – General accredited to eligible/territories. The nominee is required to attach medical report or health status certification. <b>No consideration will be given to the late submissions or incomplete applications/documents.</b></p> | (Please attach<br>photograph here) |
| <b>Course Name:</b><br>.....<br>.....  |                                    |
| <b>Institute</b> .....   |                                    |

**A. PERSONAL HISTORY**

| Title  | Family name<br><small>(as shown in passport and kindly attach the copy of your passport, information will be used for travel arrangement)</small> | Middle name                                | Given name   | Gender   |          |
|--|---|--|--|--|----------|
| <input type="radio"/> Mr.<br><input type="radio"/> Mrs.<br><input type="radio"/> Ms.<br><input type="radio"/> .....  |   |  |  | <input type="radio"/> Male<br><input type="radio"/> Female |          |
| City and country of birth  | Nationality   | Date of birth<br><small>(DD/MM/YY)</small> | Age  | Marital Status   | Religion |
| Work address (Please complete this section as clear as possible, information will be used for travel arrangements.)<br>.....<br>.....<br>.....                                     |   |  | Home address (Please complete this section as clear as possible, information will be used for travel arrangements.)<br>.....<br>.....<br>..... |  |          |
| Fax No: (Country Code / Area Code/ Number)<br>.....<br>.....   | Telephone No :<br>.....<br>.....  |  | Telephone No : .....<br>E-mail : .....<br>Fax No : .....<br><b>International Airport/City for departure :</b><br>.....                         |  |          |
| <b>Update email address:</b> Name and address of person to be notified in case of emergency :<br>.....<br>.....<br>Telephone No : ..... Relationship of this person to you : ..... |   |  |  |  |          |

| Languages:           | READ      |      |      | WRITE     |      |      | SPEAK     |      |      |
|----------------------|-----------|------|------|-----------|------|------|-----------|------|------|
|                      | Excellent | Good | Fair | Excellent | Good | Fair | Excellent | Good | Fair |
| Mother tongue: ..... |           |      |      |           |      |      |           |      |      |
| English              |           |      |      |           |      |      |           |      |      |
| Others:0.....        |           |      |      |           |      |      |           |      |      |

**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/studied in Thailand? If yes, what course, where and for how long?  
... No  
... Yes, please specify.....

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 :<br>Dates from _____ to _____ | Description of your work,<br>including your personal responsibilities |
| Title of your post:  |   |
| Name of organisation:                                      |   |
| Type of organisation:                                      |   |
| Official address:  |   |
| Previous post :<br>Dates from _____ to _____               | Description of your work,<br>including your personal responsibilities |
| Title of your post:  |   |
| Name of organisation:                                      |   |
| Type of organisation:                                      |   |
| Official address:  |   |

**C. REFERENCES:** Please attach the recommendation letters from three (3) persons acquainted with your academic and professional experiences.

**D. 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)

.....  
.....  
.....  
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.....  
.....  
.....  
.....

I certify that my statements in answer to the foregoing questions are true, complete and correct.

If accepted for a scholarship award, I undertake to :-

- a) carry out such instructions and abide by such conditions as stipulated by both the nominating government and the host government in respect of this program of scholarship;
- b) follow the program of scholarship, and abide by the rules of the University and Thailand International Cooperation Agency in which I undertake the scholarship;
- c) refrain from engaging in political activities, or any form of employment for profit or gain;
- d) study full time, make academic progress and submit progress reports to Thailand International Cooperation Agency;
- e) not bring any member of my family to stay with me during the course;
- f) return to my home country promptly upon the completion of my program of scholarship.

I also fully understand that if I am granted a scholarship award and violate Thailand International Cooperation Agency's rules and regulations, I may be required to return part or all of the scholarship paid, depending on the severity of the violation, without any appeal.

Signature of applicant: .....

Printed name: .....

Date: .....

**E. GOVERNMENT AUTHORISATION:** To be completed by the central government agencies in charge of nomination of the candidates (see guideline for TIPP for detailed information on nomination.)

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 scholarship in Thailand.

On return from the scholarship, 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: ..... | Gender: ..... |
| Country.....          |            |               |

**Physical Examination (To be filled in by physician)**

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"/> | .....               |
| <b>Orthoscopic Exam</b> |                       |                       |                     |
| 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 ..... %

: 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 person examined at present in good health and able to work full time?

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 scholarship period?

(For female nominee) Is the person examined pregnant?

Does the nominee have any condition or defect which might require treatment during the scholarship period?

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

Physician signature (with stamp) .....M.D.

(.....)

Full name and address of Examining physician (printed)

Place and Date.....

Telephone: .....

(printed)

e-mail: .....

