



Ministry of Foreign Affairs  
Thailand International Development 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

<b>INSTRUCTIONS</b> 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. <u>All parts must be filled in typewritten form.</u> 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 Development 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 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.						(Please attach photograph here)	
Course Name: .....							
<b>A. PERSONAL HISTORY</b>							
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="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.						<input type="checkbox"/> Male <input type="checkbox"/> 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:			
				International Airport/City for departure :			
Update email address :							
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?

.....

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For a candidate for a degree course, please give a list of relevant publications/researches (do not attach details) .....

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

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

MEDICAL REPORT			
Name of Nominee .....		Age : .....	Sex : .....
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>Otoscopic 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 ..... % Lymph ..... % 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 &amp; 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 signature .....M.D.

Examining physician (printed)

(.....)

Date.....

Telephone: .....

(printed)

e-mail: .....

## Country Report Format (Guideline)

Country report should be submitted together with the Application Form in complying the following items.

### I. Introduction

1. Name of the Training Course: .....
2. Name of applicant: .....  
Home Address: .....  
Phone No. (Home & Office): .....  
Fax: .....  
E-mail: .....
3. Name of Country: .....
4. Name of Organization: .....
5. Main Tasks of the Organization & Organization Chart  
(Please draw an organization chart, starting from "section" as the lowest level and circling the section to which applicant belongs)
6. Applications' Position: Roles and Responsibilities

### II. General Information of the country (1-2 pages of A4 size paper):

Geographical status of the country, climate, population, official language, social, educational and economic conditions, gross National Products (GNP), Per- capita Income, major import and export goods, natural resources and environmental situation, etc.

### III. Historical Background of the Subject Related to the Training Course

(Within 1 page of A4 size paper)

### IV. Existing Laws and Regulations concerning the subject (if any)

### V. Existing Problems in the Applicants' section (1-2 pages of A4 size paper)

1. Current problems and/or constraints you are facing (Please describe concrete details)
2. Obstacles in the process of solving those problems
3. Countermeasures of questions for those problems or any idea which you would like to study or solve through the course

### VI. Future Program/Project on the Related Subject

1. What is the future policy/program/or project concerning with the subject.
2. How the training course is related with those future.

### VII. Expectations for the Training Course (up to 1 page of A4 size paper)

1. Main interesting subject areas or topics in this training course and reasons why do you pick up them.
2. How do you expect to apply the knowledge and skills received from this training course after you return to your home country
3. Other matters you are expecting for this course (if any) ( Basically this training program is fixed and cannot be changed upon your request)

#### **5. Evaluation**

- Participants must attend higher than 95 percent of activities in the course to get a certificate of attendance.
- Participants will be assessed on performance in small group discussions, group/ individual assignments and presentations.

#### **Institution**

The course will be conducted by:  
Graduate Education Unit, Faculty of Medicine, Naresuan University  
Phitsanulok, 65000, Thailand  
Tel: (66 55) 967971  
Fax: (66 55) 967972  
Email: phawineey@nu.ac.th