

# MINISTRY OF EDUCATION AND CULTURE THE GOVERNMENT OF THE REPUBLIC OF INDONESIA

Jalan Jenderal Sudirman – Senayan, Jakarta Phone/Fax: (+6221) 5724707, 5711144 ext. 2610

Website: darmasiswa.kemdikbud.go.id Email: darmasiswa\_kln@yahoo.com

# DARMASISWA SCHOLARSHIP PROGRAM APPLICATION FORM

A. PERSONAL INFORM	IATION			
Family Name:			<u>.</u>	
Name: Mr/Mrs/Ms				
Citizenship:				affix photo here
Religion:	and the state of t			4 X 6 cm 
Place and date of birti	n:	···		
assport Number:		Validii	y of	
Mailing Address:				
	•			
				phone:
](Office):	Fax:		Email:	
Marital status: Sing  Do you have a husbar  Please give details of name	nd/wife or any depe	(approved by copendants? of birth)	y of marriage certif	icate)
No		,	Rel	ationship
<b>Where do you prefer fo</b> If you choose homestay, p	or stay? lease fill out the homesto	ay application form)	-	
☐ Homestay ☐ Bo	parding House			
		,		Page 1 of 5

## Person to be notified in your country and in Indonesia in case of emergency:

In your country	in indo	In Indonesia				
Name:	Name:	Name:				
Address:	Addres	s:				
Home/Cell Phone:		Cell Phone:				
Relationship:		Relationship:				
relationship.	Keluno	13111P				
3. ACADEMIC BACKGROUND**  University/Institute Attended after High School	Years Attended From To	Degree Obtained/Expected (incl. Fleid of Study)	GPA			
	1011	(incl. Held of Slody)				
Academic Referees Please provide the names and address of at least office. One of these referees must be either your p where you obtained the entry qualification.	2 persons you've asked to fo roposed Chief Supervisor or	oward confidential references to the	scholarship			
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No	Skills Language	Speaking	Understanding	Writing
1	Bahasa Indonesia			
2	English			
3	Other:			

#### C. PROPOSED PROGRAM AND FIELD OF STUDY\*\*

(Check one program and subject of study)

- 1. Put a checklist ( $\sqrt{\ }$ ) in the box below with the following description:
  - a. If you choose the first option and you don't pass the selection, it is not acceptable to follow the Darmasiswa Scholarship Program.
  - b. If you choose the second option, it means that you would be ready to be placed at any universities in accordance with Ministry of Education and Culture.
  - C. If you choose both options, the first option is not pass, and then you would be ready placed at any universities in accordance with Ministry of Education and Culture.

Place o	of Study								
Subject	of Study	·				···			<del></del>
<u>Se</u>	cond Ch	<u>ioice</u> (Rea	dy to b	e place	d to any	other u	niversity	)	
are ac	quainted v	with the po or specific c	ssibilities	of study	offered i	n Indones	ia, list of	institutes	this study. If s or projects eakthrough c
•									
<del></del>			<del></del>						

(attach additional pages)

List your work ex Dates (To–From) (indicate month		Name of Institution	Responsibility
ist professional,	ND COMMUNITY INVO	r organizations in which you now	hold membership or in which you have been active in
'ear	Position/Organization		Responsibility
•	ver traveled or lived o	utside Indonesia, please s Purpose	pecify dates, countries and purpose**
•		-	pecify dates, countries and purpose**
-		-	
f you have e		-	
Dates	Country	Purpose	
. HOW DO	Country	Purpose  RMASISWA SCHOLARSHIP F	
. HOW DO	Country  YOU LEARN ABOUT DA	RMASISWA SCHOLARSHIP F	PROGRAM

DE/	סאוי	ΛТ	
DEV	LAR	MI	N O

	hereby certify that the information I have provided on this application form and in any attached
	materials is accurate and true to the best of my knowledge and belief, and I agree to notify
	Ministry of Education and Culture (MoEC) of any change in the above information or of any
	further information that might affect my eligibility for consideration as a prospective recipient of
	the Darmasiswa Scholarship award.
	I understand that by completing this application form there is no assurance that I will be
	awarded the scholarship.
	I will not change either subject or place of study prior or upon arrival in Indonesia.
	I will not involve myself in any political activities or doing criminals during my study in Indonesia.
	I will not undertake any work for profit or earn living during my study in Indonesia.
	I will not involve in any drug traffic: active user or drug-seller.
	I will not do and perform immoral acts.
	I will not perform activities of a certain ideologies or indoctrination.
	I will not travel out of Indonesia during the academic period.
	I will not bring the family during the study period even though at my own expense.
	I fully responsible for my own luggage/goods if its lost prior or upon arrival in Indonesia.
	Have them in my hands custody.
	I will refrain myself from being pregnant.
	I have to abide by the regulation of the government of Indonesia and as well as the Host
	University.
	I intend to return to my country at the end of the period of study.
	I accept to be sent back to my country if I violate the said regulations and the stay permit
	regulation in Indonesia.
C: t	Date
Signat	ure: Dafe:

Note:

\*\*Please attach additional pages if necessary.

THIS FORM IS TO BE FILLED OUT COMPLETELY AND ACCURATELY. WE REGRET INCOMPLETE APPLICATION WILL NOT BE CONSIDERED.

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