



Thailand International Development Cooperation Agency (TICA)
Ministry of Foreign Affairs

APPLICATION FORM
for Thailand International Postgraduate Programme: TIPP

FOR OFFICIAL USE ONLY
Reference No.....
Received:
Checked:

INSTRUCTIONS

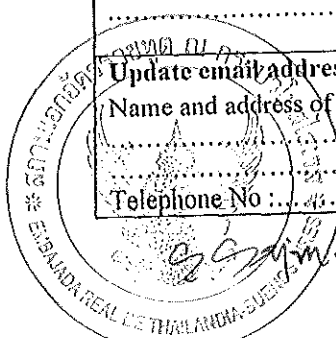
This application form is composed of five parts. Part A to part E should be completed in triplicate, part A to part D should be completed by the candidate and part E by the government authority. All application form must be filled in typewritten form. Each question must be answered clearly and completely. Detailed answers are required in order to make the most appropriate arrangements. 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), 8th 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. No consideration will be given to the late submissions or incomplete applications/documents.

(Please attach photograph here)

Course Name:

A. PERSONAL HISTORY

Form with fields for Title, Family name, Middle name, Given name, Gender, City and country of birth, Nationality, Date of birth, Age, Marital Status, Religion, Work address, Home address, Fax No, Telephone 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.



Handwritten signature

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)

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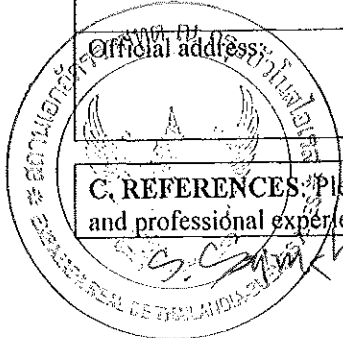
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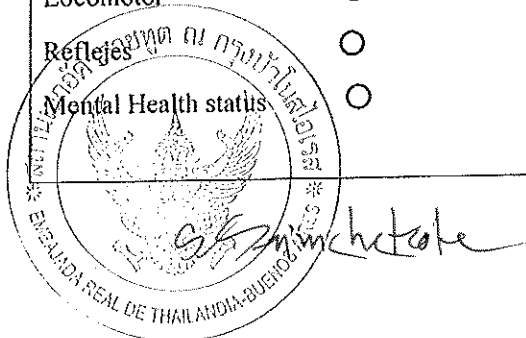
B. EMPLOYMENT RECORD: It is important to give complete information. For each post you have occupied, give details of your duties and responsibilities.

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



MEDICAL REPORT			
Name of Nominee	Age:	Gender:	
Country			
Physical Examination (To be filled in by physician)			
Height Cms.	Weightkgs.	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"/>
Orthoscopic 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"/>
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:
g. g. nimketata

