



Chulabhorn Research Institute

54 Kamphangphet 6 Road, Laksi, Bangkok 10210, Thailand

Fellowship Application Form

IMPORTANT INSTRUCTIONS:

- Each question must be answered clearly and completely.
- Duly completed application forms should be forwarded to the Chulabhorn Research Institute before deadline of application
- Incomplete applications will not be considered.

Please attach
photograph
here

Course Title: _____

Personal Data

Title	Family name / Surname (as shown in passport)	First name	Sex		
<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.			<input type="checkbox"/> Male <input type="checkbox"/> Female		
Place of birth	Nationality	Date of Birth (DD/MM/YY)	Age	Marital Status	Religion
				<input type="checkbox"/> Single <input type="checkbox"/> Married	

Communication and Mailing Address

Office Address:		Home Address:	
Office telephone NO:	Fax:	Home telephone NO:	Fax:
Country Area Number	Country Area Number	Country Area Number	Country Area Number
Office Email:		Personal Email:	
Name and address of person to be notified in case of emergency:			
Telephone No: Relationship:			
Country Area Number			
International Airport / City of Departure			

Educational Record

Education Institution/ University	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?					

Employment Record

Present or most recent post: Date from _____ to _____	Brief your job description and responsibility
Name of Organization:	
Type of Organization: <input type="checkbox"/> National governmental <input type="checkbox"/> Local governmental <input type="checkbox"/> Public enterprise <input type="checkbox"/> Private (profit) <input type="checkbox"/> NGO/Private (non-profit) <input type="checkbox"/> University <input type="checkbox"/> Other _____	
Department/ Division:	
City/Country:	
Position:	
Previous Post: Date from _____ to _____	
Name of Organization:	
Type of Organization: <input type="checkbox"/> National governmental <input type="checkbox"/> Local governmental <input type="checkbox"/> Public enterprise <input type="checkbox"/> Private (profit) <input type="checkbox"/> NGO/Private (non-profit) <input type="checkbox"/> University <input type="checkbox"/> Other _____	
Department/ Division:	
City/Country:	
Position:	

Language Proficiency

1. Mother Tongue _____	() Excellent	() Good	() Fair	() Poor
2. English				
Listening	() Excellent	() Good	() Fair	() Poor
Speaking	() Excellent	() Good	() Fair	() Poor
Reading	() Excellent	() Good	() Fair	() Poor
Writing				
3. Other languages _____	() Excellent	() Good	() Fair	() Poor

* Excellent: Refined fluency skills and topic controlled discussions, debates and presentations. Formulates strategies to deal with various essay types, including narrative, comparison, cause-effect and argumentative essays.

*Good: Conversational accuracy and fluency in a wide range of situations: discussion, short presentations and interviews. Compound complex sentences. Extended essay formation.

*Fair: Broader range of language related to expressing opinions, giving advice, making suggestions. Limited compound and complex sentences and expanded paragraph formation.

*Poor: Simple conversation level, such as self-introduction, brief question and answer using the present and past tenses.

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.

Recommendation form

	Top 5%	Top 10%	Top 20%	Top 50%	Below average	Unable to assess	Comments
Intellectual ability							
Breadth of general knowledge							
Quantitative ability							
Analytical ability							
Quality of oral expression							
Quality of written expression							
Ability to work with others							
Emotional maturity							
perseverance							
Promise as a program graduate							

Signature of Reference: _____ Date: _____

Title and organization: _____

Address: _____

Telephone Number: _____ Email: _____

SUPPORTING DOCUMENTS

Transcript (s) / or Certificate (s)

Letter of Recommendation

name title institution/company

name title institution/company

name title institution/company

Medical Certificate

Others (Please specify) _____

Please read the following and sign

I understand that withholding pertinent information requested in this application form or intentionally giving false information will make me automatically ineligible for application consideration. I hereby certify that my education and qualifications are in accordance with the admission requirements and all information given in this form is true.

Applicant's Signature

Date

Duly completed application form should be forwarded to:

The Chulabhorn Research Institute
54 Kamphangphet 6 Road,
Laksi, Bangkok 10210
THAILAND

Email: _____