



## 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**

<b>Office Address:</b>		<b>Home Address:</b>	
<b>Office telephone NO:</b>	<b>Fax:</b>	<b>Home telephone NO:</b>	<b>Fax:</b>
Country  Area  Number	Country  Area  Number	Country  Area  Number	Country  Area  Number
<b>Office Email:</b>		<b>Personal Email:</b>	
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

<b>Present or most recent post:</b> Date from _____ to _____	<b>Brief your job description and responsibility</b>
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:	
<b>Previous Post:</b> 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

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

	<b>Top 5%</b>	<b>Top 10%</b>	<b>Top 20%</b>	<b>Top 50%</b>	<b>Below average</b>	<b>Unable to assess</b>	<b>Comments</b>
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

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name title institution/company

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name title institution/company

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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

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Duly completed application form should be forwarded to:

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

Email: \_\_\_\_\_