CHULABHORN
ROYAL ACADEMY
Chulabhorn Graduate Institute

Place Photograph Here

Chulabhorn Graduate Institute
Post-Graduate Scholarship
Scholarship Application Form

IMPORTANT INSTRUCTIONS:

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

Proposed field of study:

☐ Applied Biological Sciences: Environmental Health

☐ Environmental Toxicology

☐ Chemical Sciences

PERSONAL DATA

Title	Family name / Surname (as shown in passport)	First name	Sex
☐ Mr. ☐ Mrs. ☐ Ms.			☐ Male ☐ Female

City and country of birth	Nationality	Date of Birth (DD/MM/YY)	Age	Marital Status	Religion
				☐ Single ☐ Married ☐ Divorced	

COMMUNICATION AND MAILING ADDRESS

Applicant's Office Address:		Applicant's Home Address:	
Office telephone NO: Country| Area| Number	FAX: Country| Area| Number	Home telephone NO: Country| Area| Number	FAX: 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

EDUCATION RECORD

Education Institution	City/ Country	Years Attended		Degrees, Diplomas or Certificates	Major field of study	Cumulative GPA
		From	To			

Have you ever been trained in Thailand? If yes, what course, where and for how long?

List of your publications/researches (do not attach details)

EMPLOYMENT RECORD

Present or most recent post:	**Previous post:**
Employer:	Employer:
Years of service (from-to):	Years of service (from-to):
Title of your post/position:	Title of your post/position:
Type of your organization: Government/ Semi Government/ Private/ NGO	Type of your organization: Government/ Semi Government/ Private/ NGO
Main function of the organization:	Main function of the organization:
Office address:	Office address:
Description of your work including your responsibilities (Please continue on supplementary pages if necessary)	

EXPECTATIONS

Please describe the practical use you will make of this study on your return home in relation to the responsibilities you expect to assume and the condition existing in your country in the field of your training. (Please continue on supplementary pages if necessary)

LANGUAGES (No consideration will be given to applicants without language proficiency test documents)

	Read			Write			Speak		
	Excellent	Good	Fair	Excellent	Good	Fair	Excellent	Good	Fair
Mother tongue									
English									
Other									

English Proficiency Test* (MUST attach)

☐ TOEFL Score ....

☐ IELTS Score ....

☐ Other (specify)

*** Required Information**

SUPPORTING DOCUMENTS

☐ Transcript (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 Graduate Institute
906 Kamphangphet 6 Road, Talat Bang Khen,
Laksi, Bangkok 10210
THAILAND

Email: cgi_academic@cgi.ac.th http://www.cgi.ac.th

Medical History and Report

Name of Nominee ....Age ....

Country..

*Physical Examination (To be filled in by physician)

Present Status

Height .... Cms. Weight ....kgs. Blood Pressure .... mm.Hg. Pulse ..../min.

Vision Right ....Left .... Eyes .... With glasses / Without glasses

a) Do you currently use any drugs for the treatment of a medical condition? (give name and dosage)

( ) No

( ) Yes : name of medication ( ), Quantity ( )

b) Are you pregnant?

( ) No

( ) Yes : (months)

c) Are you allergic to any medication or food?

( ) No

( ) Yes : ( ) Medication : ( ) Food : ( ) Other:____________________________

Laboratory Examinations

Blood group ....Blood film for malaria ....Hb .... gm%

WBC .... Cells/cu.mm.

Differential PMN .... % Lymp .... % 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 & Ova ....

Chest X – Ray report ....

Urine pregnancy test ....

Check each item in appropriate column

Item	Normal	Abnormal	Additional comment
General	☐	☐	....
Skin, Scalp	☐	☐	....
Lymph nodes	☐	☐	....
Eyes	☐	☐	....
Ears	☐	☐	....
Otoscopic Exam			
Nose	☐	☐	....
Pharynx & tonsils	☐	☐	....
Teeth	☐	☐	....
Thyroid gland	☐	☐	....
Lungs	☐	☐	....
Heart	☐	☐	....
Abdomen	☐	☐	....
Liver	☐	☐	....
Spleen	☐	☐	....
Hernia	☐	☐	....
External genitalia	☐	☐	....
Rectal exam.	☐	☐	....
Vertebrae	☐	☐	....
Locomotor	☐	☐	....
Reflexes	☐	☐	....
Mental health status	☐	☐	....

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, syphillis 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? ………………………………………………………………………………………………………
Full name and address of Examining physician (printed) …………………………………… …………………………………… …………………………………… Physician signature ……………………………M.D. …………………………………… (……………………………………) …………………………………… Date ……………………………