





### Thai-French Trilateral Development Cooperation

# THE JOINT FELLOWSHIP PROGRAM FOR DOCTORAL STUDY IN THAILAND

#### **INSTRUCTIONS**

This application form contains 4 parts:

Part I: General Information of Student ("Research Assistant")

Part II: Status of Employment/Education and Grant

Part III: Educational Records of Applicant

Part IV: Expertise and Activities

Part V: Opinions and Information from Advisor ("Researcher")

The applicant completes only Part I to IV.

Part V only by applicant who is already doctoral student in Thailand which should be completed by a prospective advisor in a Thai University. And in this case we also consider the doctoral program and Thai advisor.

Details of doctoral programs may be obtained from the website of university of interest.

Each question must be answered clearly and completely. Detailed answers are required in order to make the most appropriate arrangements. After the application form is printed out, it shall be certified in typewritten form by the nominating government at the end of Part IV. Six (6) copies of the certified application forms, completed with a research proposal and other relevant documents given in the checklist of this form will then be forwarded to the Royal Thai Embassy or Consulate in respective countries before the closing date for application.

#### **Check List**

## For Student Applying for the Joint Fellowship Program for Doctoral Study in Thailand

Six (6) copies of the following documents should be submitted to the Royal Thai Embassy or Consulate in respective countries before the closing date for application.

<u>Plea</u>	se ch	eck your documents and mark 🗹
	1.	Application form with applicant's signature as well as Government Authorisation signature in Part IV.
	2.	Digital file of your application form in MS Word format.
	3.	Academic transcript of Bachelor's degree and certified document for your rank in class (if applicable).
	4.	Academic transcript of Master's degree.
	5.	Most recent academic transcript of doctoral study, if applicable.
	6.	Research publication(s) or oral/poster presentation(s) at scientific meeting(s) with English abstract(s), please submit full paper(s).
	7.	Research proposal for doctoral study (please give details not more than 1 A4 page using Palatino Linotype 10 pt in MS word formatted including: Thesis title, Research objective(s), Research methodology, and Novelty and uses of research. Must be submitted together with a digital file.)
	8.	English proficiency test (e.g. TOEFL, IELTS, etc.).
	9.	Two recommendation letters.
	10.	Health status certification.
	11.	Other (specify)
	ition iland	al documents to be submitted only by applicants who are already doctoral students in
	12.	Application form Part V with advisor's signature.
	13.	Digital file of form in MS Word format.

## FORM FOR STUDENT APPLYING FOR THE JOINT FELLOWSHIP PROGRAM FOR DOCTORAL STUDY

#### PART I: General Information of Student ("Research Assistant")

General informati	on of applicant								
Title (Mr./Mrs./Miss)									(D1 1)1-
Family name									(Please attach
(as shown in passport)									Photograph here)
Given name(s)									
(as shown in passport)									
Age Sex	C	Marital S	tatus						
Nationality			Religi	on					
Birth date			Place o						
(D/M/Y)			(City an	d Coun	try)				
Passport no.		Place of	issue						
Date of expiration	1	Internati		irport	city/				
(D/M/Y)		(for depart							
Home address (Ple	ase complete this sec	tion as clearly	as poss	ible; inf	ormat	ion w	ill be	used for tra	avel arrangement.)
No.			Road						
Subdistrict			Distri	ct					
City		Country						Postcod	e
Tel. (Country code/ar	ea code/number)	_	•			Fax			<u> </u>
Address for corres	spondence (Please	complete this	s section	as clear	rly as p	possib	ole; ir	nformation	will be used for travel
arrangement.)									
Please select □	As above □ As	s given bel	ow						
Name of place					No				
Road				Subdi	istric	t			
District				City					
Country				Postco	ode				
Tel. (Country code/ar	ea code/number)					Fax			
E-mail									
Name and address	s of person to be	notified in	n case o	of eme	ergen	ıcy			
Title	Name		]	Family	y nan	ne			
Relation to you									
Name of place					No				
Road				Subdi	istric	t			
District				City					
Country		T		Postco					
Tel. (Country code/ar	ea code/number)					Fax			
E-mail									

## PART II: Status of Employment/Education and Grant

Current income from	☐ Persona☐ Other w		•	□ Perm	anent J	ob 🗆 T	emporary Job	
<b>Employment Record</b> (I	•	.0		nation. Fo	r each ap	pointment,	give details of you	r duties and
responsibilities.)	nost Da	too from /T	20100			40		
Present or most recent Position	post Da	tes from (I	J/M/Y)		Salar	to		USD
	ernment/Stat	o Entorpri	60		☐ Priv			USD
Office Gove	ziiiiieiii/Stat	e Enterpri	<i>SC</i>			rate		
No.			Road					
Subdistrict			Distric	<u>'</u>				
City		Country				Post	tcode	
<b>Tel.</b> (Country code/area code	de/number)				Fax			
Description of your w		ng your pe	ersonal	respons	sibilitie	es		
1	, i			•				
Presently you are	l Not a stude	ent						
= =	l Student (	<b>D</b> Bachelo:	r ON	⁄Iaster	O Doo	ctor		
Program		In	stitutio	n/Univ	ersity			
Beginning semester	□ 1st □ 2	nd □ sun	nmer se	emester	Year	•	Credits earn	ed
Note							•	
Remaining credits		Thesis	□ Pas	sed		□R€	esearch ongoing	
Expected graduation is	n month			Ye	ar			
For those who are wor	rking and st	udying	□Stu	dying o	utside v	vorking l	nours	
			□Stu	dy leave	obtain	ed		
Study leave from (D/M/				to				
Other educational/rese be receiving.)	earch grant (	s) (Give deta	ails for ot	her educa	tional/res	search gran	t(s) presently receiv	ring or will
Name of grant				Donoi	•			
<b>Period of grant from</b> (y	vear)	to	Dι	ıration		Year(s)	Amount	USD
Details and conditions	of grant (Pl	ease attach co	ontract ar	nd details	of grant.)			
TA7'11 ( ' ( ( 1	1	1/		1				
Will you terminate the	eaucationa	ı/research	grant t	nat you	are rec	eiving!	☐ Yes ☐ No	
Other (give details)								

## PART III: Educational Records of Applicant

Records for bachelo	r's degree (	together wit	h transcr	ipt)				
Bachelor's degree pr	rogram	□ Regular			nternati	onal		
From city			Country	,				
Bachelor's degree ol	btained							
Curriculum			I	aculty	,			
University/Institution	on							
Awarded in month			Year					
<b>GPAX</b> (Give your GPA)	X and Max. sco	ore)		(	Class of	honours		
Approximate rank		in clas	ss.	□w	ith certi	fied docur	nent	
Number of students	in class ab	out	<b>一</b>	$\square$ w	ithout d	locument		
Scholarship(s) or aw	vard(s) whi	le studying f	or bache	lor's d	egree			
Year Nai	me of schol	arship/awar	d					
Doi	nor							
Year Nai	me of schol	arship/awar	d					
Dor	nor							
Research or senior p	roject unde	ertaken	•					
Project title	-							
Records for master's	degree (w	ith transcrip	t)					
Master's degree pro	gram	□ Regular		□ I	nternati	onal		
From city			Country	,				
<b>Applicant</b> □ studi	ied □ is s	studying	□ gradua	ated w	ith mast	ter's degre	e	
Curriculum								
Faculty								
University/Institution	on							
Beginning semester	☐ 1st ser	nester 🗆 21	nd semes	ter 🗆	summe	r semester	Y	ear
Graduated/expect to	graduate i	n month				Year		
Credit earned	Remaini	ng credits	(	GPAX	(Give you	r GPAX and	Max. score)	
Credit earned for the	esis	Remaining	g credits		Thesi	s grade (if	available)	
Research work or th	esis for ma	ster's degree	)					
Thesis title								
Name of advisor								
(Academic title) (Name) (Family name)							ime)	
Contact address Department								
Faculty								
	University					1		
	Гel				Fax			
Scholarship(s) or aw				for ma	ster's de	egree		
Year Nai	me of schol	arship/awar	d					
Don								
		arship/awar	d					
Don								
Research dissemina							er(s)	
Research publication	<b>n (s)</b> (Give de	etails: author(s),	year, title, j	ournal,	vol, and p	pages)		
Presentation (s) at so	ciontific/toc	hnical mooti	ino(s) (Giv	re detail	s. Present	er vear title	meeting ver	nue and $D/M/Y$ )

Doctoral stu	ıdy (fo	or doctoral	studeı	nt and stude	nt admitt	ed to d	loctor	al progra	m)	
☐ Applican	ıt regi	stered as d	octora	l student in	year		ser	nester 🗆	1st □ 2nd	□ summer
		dent upgra	ided to	o doctoral st						1
From da				semester 🗆	1st □ 2r	ıd □s	sumn	ner <b>Aca</b>	demic year	
Coursework	credi	its earned		Remaining	g credits			<b>AX</b> (Give yo score)	our GPAX and	
Thesis credi	its ear	ned		Remaining	g credits					
Current stat		□ passed		l not yet pas	sed <b>qualif</b>	ying e	xam	or equiva	lent	
Expected du	ıratior	n for furthe	r doct	oral work		year(s	s)		Month(s)	
(a) For stud	ent ap	plying to e	enter a	doctoral pr	ogram in '	Thaila	nd			
Propose	ed top	ic of docto	ral res	earch						
Brief description of proposed thesis (Must be submitted)										
(b) For student already studying in a doctoral program in Thailand										
	lent al	ready stud	ying i	n a doctoral	program	in Tha	iland			
Thesis title										
Name of adv	visor	/ A . 1 . *	. (*11)		(NT. )				/E 1	
Contact add	rocc	(Academic			(Name)				(Family name	)
Contact add	1033	Faculty	CIII							
		Universit								
		Tel	L <b>y</b>			E	ax			
Scholarship	(s) or	1	coivo	d during do	ctoral stud	1	ах			
Year		Name of scl				1 y				
Tear		Onor	101415	inp/awaru						
Year		Name of scl	nolarsi	hin/award						
1 car		Donor	ioiais	inp/awara						
Research dis			ino do	ctoral study	Please sub	mit full	naner	(s)		
Research pu										
pu		(3) (011)	- 000011		_, uuc, jouin	, , 01, 0	Pu	D~~/		
Presentation	1 (s) at	t scientific/	techni	ical meeting	<b>(s)</b> (Give de	tails: Pre	esenter	, year, title.	meeting, venue	and D/M/Y)
	(-)				. , (			, , ,,	<i>O</i> , 12140)	- ,,

## PART IV: Expertise and Activities

Languages	ur languages: Fair, Good	or Evgellont)	Re	ad	Write	Speak
English	ur languages: raii, Good	, Or Excellent)	100	au	VVIICE	бреак
Mother tongu	e:					
Other languag						
	ciency test (Please atta	ach copy)				
TOEFI		137	score			
IELTS			score			
Other	(specify)		score			
Experiences a	broad (Please give deta	ails and duration.)	)			
Year	Duration	Country	7		Details	
Participation i	in student activities					
Additional in	formation, opinions	s or suggestion	ac (mayrid	o atta dama	nt(s) if negacions)	
Additional III	ioimanon, opinions	s of suggestion	(provide	e attachine	m(s), if necessary)	
Expectations						
Please describe th	e practical use you will n					
Expect to assume	and the conditions existi	ng in your countr	y in the fiel	d your trai	ning/study. (Give atta	chment, if necessary)

I certify that my statements in answer to the foregoing questions are true, complete and correct to the best of my knowledge.

If accepted for a joint fellowship program for doctoral study under the RGJ-Ph.D. Program, I undertake to:-

- (a) carry out such instructions and abide by such conditions as may be stipulated by both the nominating government and the host government in respect of this doctoral study and research;
- (b) follow the course of training and research study for doctoral degree, and abide by the rules of the University or other institutions or establishments in which I undertake to study;
- (c) refrain from engaging in political activities, or any form of employment for profit or gain;
  - (d) submit any progress reports which may be prescribed;
  - (e) return to my home country promptly upon the completion of my course of training.

I accept the graduation requirement for RGJ-Ph.D. research assistantship that a grantee must produce at least one research publication in an international research journal prior to his/her graduation (except the doctoral program, e.g. the program in Thai language, specifies otherwise).

I also fully understand that if I am awarded a fellowship, it may be subsequently withdrawn if I fail to make adequate progress or for other sufficient cause determined by the host government.

Signature of applicant	
Printed name	
Date	

Government Authorisation		
		whom the nomination has been invited.
I certified that, to the best of r		
(a) all information suppli	ed by the nominee is c	omplete and correct;
(b) the nominee has adeq	uate knowledge and e	xperience in related fields and has adequate
English proficiency for the pr	opose of the fellowship	in Thailand.
On return from the fellowship	p, the nominee will be	employed in the following position:
Title of post		
Duties and responsibilities		
		Signature of responsible Government official
		, , , , , , , , , , , , , , , , , , ,
Official Stamp:	Title:	
_	Organisation:	
	Office address:	
	Date:	

	Health	Status	Certifi	cation
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I confirm that I am physically and mentally fit and able to carry on a doctoral study in Thailand, and that

- (a) I am free from infectious diseases (such as tuberculosis, leprosy, syphillis and filariasis) and other conditions (such as psychosis, drug addiction, and chronic alcoholism) which could present risks for myself as well as others during my fellowship;
  - (b) I have no conditions or defects which might require treatment during my fellowship.

Signature of applicant	
Printed name	
Date	

### PART V: Opinions and Information from Advisor ("Researcher")

(To be completed by prospective Thai advisor.)

Name of advisor								
in Thai (Title) (Name)		(Name)	(Family name)		name)		(Academic title)	
Name of advisor								
in English	(Title)	)	(Name)	(Fa	mily n	name)		(Academic title)
Affiliated departs	nent/(	Office						
Faculty								
University/Institu	tion							
No.		Moo			Soi			
Road				Subdist	rict			
District				Province	e			
Postcode		Tel. an	d mobile phone				Fax	
E-mail								
Address for corres	pond	ence	☐ As above of	ice 🗆	lAs	given below		
Name of place								
No.		Moo			Soi			
Road				Subdist	rict			
District				Province	e			
Postcode		Tel. an	d mobile phone				Fax	
has agreed to supe					a	as Ph.D. resea	irch a	ssistant
For academic reas	on(s)							
And for following	perso	nal qu	alifications and at	tributes				
Thesis title and pr	-	l (Not i	more than one A4 page	using Palati	ino Lir	notype 10 pt fron	it)	
Thesis title in Tha	11							
Thesis title in Eng	lish							
Research objective	e(s)							
Research methodo								
Novelty and uses	of rese	earch						

French co-advisor	collaborator □ Not	available and wi	l inform later 🗆 🛭	Available (please give details)					
Name of advisor									
	(Title) (Nam	e)	(Family name)	(Academic title)					
Position									
Department									
Faculty									
University/Institu	ıtion								
Address									
City		State							
Country		Postco	ode						
Tel.		Fax							
E-mail									
	Mode of collaboration ☐ As a co-advisor ☐ Looking after student abroad ☐ Other, i.e								
		r registrants of 1st sen	ester and 1 December f	for registrant of 2 <sup>nd</sup> semester.					
Opinions and sug	gestions (if any)								
		ure of advisor							
		Printed name Date							