



EMBASSY OF THE REPUBLIC OF INDONESIA
DHAKA

No. 862/PSB/XII/2015

The Embassy of the Republic of Indonesia presents its compliments to the Ministry of Foreign Affairs, Government of the People's Republic of Bangladesh and has the honour to inform the latter that the Government of the Republic of Indonesia offers the Darmasiswa Scholarship Program (Non Degree – 1 Year) for the Academic Year 2016-2017.

In this regard, the Embassy of the Republic of Indonesia would highly appreciate it if the esteemed Ministry could kindly forward these offers to the authorities concerned in Bangladesh. Please find enclosed herewith the application forms for the Ministry's kind perusal.

Interested candidates should access and fill up the two sets of complete application forms at www.darmasiswa.kemdikbud.go.id and submit them to the Indonesian Embassy in Dhaka (Address: Road # 53, Plot # 14, Gulshan 2, Dhaka 1212) on or before 15 February 2015.

The Embassy of the Republic of Indonesia avails itself of this opportunity to renew to the Ministry of Foreign Affairs, Government of the People's Republic of Bangladesh the assurances of its highest consideration.

Dhaka, 27 December 2015



Ministry of Foreign Affairs
Attn.: Director-General (SEA).
Government of the People's
Republic of Bangladesh
Dhaka.

Copy to: Ministry of Education
Attn.: Secretary
Building No. 6 (18th Floor)
Bangladesh Secretariat
Dhaka.

Enclosure: as stated.

শিক্ষা সচিবের দপ্তর	
তারিখ: ২৭/১২/১৫	অতিথি:
<input checked="" type="checkbox"/> অতিথি সচিব (স্বাক্ষর ও সীল)	<input type="checkbox"/> অতিথি সচিব (স্বাক্ষর)
<input checked="" type="checkbox"/> অতিথি সচিব (স্বাক্ষর ও সীল)	<input type="checkbox"/> অতিথি সচিব (স্বাক্ষর ও সীল)
<input type="checkbox"/> অতিথি সচিব (স্বাক্ষর)	<input type="checkbox"/> অতিথি সচিব (স্বাক্ষর)
<input type="checkbox"/> অতিথি সচিব (স্বাক্ষর)	<input type="checkbox"/> অতিথি সচিব (স্বাক্ষর)
<input type="checkbox"/> অতিথি সচিব (স্বাক্ষর)	<input type="checkbox"/> অতিথি সচিব (স্বাক্ষর)

শিক্ষা সচিবালয়	
তারিখ: ২৭/১২/১৫	
অতিথি: ০০৩	
অতিথি: ০০৩	
অতিথি: ০০৩	
অতিথি: ০০৩	
অতিথি: ০০৩	

শিক্ষা সচিবালয়	
অতিথি: ০০৩	
অতিথি: ০০৩	
অতিথি: ০০৩	
অতিথি: ০০৩	
অতিথি: ০০৩	
অতিথি: ০০৩	



MINISTRY OF EDUCATION AND CULTURE
THE GOVERNMENT OF THE REPUBLIC OF INDONESIA
Jalan Jenderal Sudirman – Senayan, Jakarta
Phone/Fax: (+6221) 5724707, 5711144 ext. 2610
Website: darmasiswa.kemdikbud.go.id
Email: darmasiswa_kln@yahoo.com

**DARMASISWA SCHOLARSHIP PROGRAM
APPLICATION FORM**

A. PERSONAL INFORMATION

Family Name: _____

Name: Mr/Mrs/Ms _____

Citizenship: _____

Religion: _____

Place and date of birth: _____

Passport Number: _____ Validity of _____

Mailing Address: _____

affix photo here
4 X 6 cm

_____ ☐ (Home)/Cell-phone: _____

☐ (Office): _____ Fax: _____ Email: _____

Marital status: ☐ Single ☐ Married (approved by copy of marriage certificate)

Do you have a husband/wife or any dependants?
(Please give details of name, relationship and date of birth)

No	Name	Relationship

Where do you prefer for stay?
(If you choose homestay, please fill out the homestay application form)

☐ Homestay ☐ Boarding House ☐ Dormitory

DARMASISWA SCHOLARSHIP APPLICATION FORM

Person to be notified in your country and in Indonesia in case of emergency:

In your country	In Indonesia
Name: _____	Name: _____
Address: _____	Address: _____
Home/Cell Phone: _____	Home/Cell Phone: _____
Relationship: _____	Relationship: _____

B. ACADEMIC BACKGROUND**

University/Institute Attended after High School	Years Attended From To	Degree Obtained/Expected (Incl. Field of Study)	GPA
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Academic Referees

Please provide the names and address of at least 2 persons you've asked to forward confidential references to the scholarship office. One of these referees must be either your proposed Chief Supervisor or a member of academic staff at the institution of where you obtained the entry qualification.

Those references (ideally on letterhead paper) must be attached.

Title and Name of Referee 1: _____

Address: _____

Phone: _____ Email: _____

Title and Name of Referee 2: _____

Address: _____

Phone: _____ Email: _____

Language: State proficiency Fair-Good-Advance

No	Language	Skills	Speaking	Understanding	Writing
1	Bahasa Indonesia				
2	English				
3	Other:				

DARMASISWA SCHOLARSHIP APPLICATION FORM

C. PROPOSED PROGRAM AND FIELD OF STUDY^{23*}

(Check one program and subject of study)

1. Put a checklist (✓) in the box below with the following description:
 - a. If you choose the first option and you don't pass the selection, it is not acceptable to follow the Darmasiswa Scholarship Program.
 - b. If you choose the second option, it means that you would be ready to be placed at any universities in accordance with Ministry of Education and Culture.
 - c. If you choose both options, the first option is not pass, and then you would be ready placed at any universities in accordance with Ministry of Education and Culture.

☐ First Choice (Your own choice)

Place of Study : _____

Subject of Study : _____

☐ **Second Choice** (Ready to be placed to any other university)

2. Outline your proposed field of study and indicate the practical use to be made of this study. If you are acquainted with the possibilities of study offered in Indonesia, list of institutes or projects you propose to study or specific course you wish to attend and elaborate your future breakthrough after completion of the program.

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.

(attach additional pages)

DARMAISWA SCHOLARSHIP APPLICATION FORM

D. PROFESSIONAL BACKGROUND**

List your work experience since university graduation. Start with the most current one.

Dates (To-From) <small>(Indicate month)</small>	Position	Name of Institution	Responsibility
--	----------	---------------------	----------------

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

E. SOCIAL AND COMMUNITY INVOLVEMENT**

List professional, societal, fraternities or other organizations in which you now hold membership or in which you have been active in the past. (Indicate if you have held an elective office):

Year	Position/Organization	Responsibility
------	-----------------------	----------------

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

If you have ever traveled or lived outside Indonesia, please specify dates, countries and purpose**

Dates	Country	Purpose
-------	---------	---------

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

F. HOW DO YOU LEARN ABOUT DARMAISWA SCHOLARSHIP PROGRAM

☐ Newspaper ads ☐ Friend ☐ Website ☐ Other: _____

If you are currently applying for other scholarship programs, please specify program and status of your application

Name of Program	Type of Program Applied	Time Period
-----------------	-------------------------	-------------

_____	_____	_____
_____	_____	_____

DARMASISWA SCHOLARSHIP APPLICATION FORM

DECLARATION

- ☐ I hereby certify that the information I have provided on this application form and in any attached materials is accurate and true to the best of my knowledge and belief, and I agree to notify Ministry of Education and Culture (MoEC) of any change in the above information or of any further information that might affect my eligibility for consideration as a prospective recipient of the Darmasiswa Scholarship award.
- ☐ I understand that by completing this application form there is no assurance that I will be awarded the scholarship.
- ☐ I will not change either subject or place of study prior or upon arrival in Indonesia.
- ☐ I will not involve myself in any political activities or doing criminals during my study in Indonesia.
- ☐ I will not undertake any work for profit or earn living during my study in Indonesia.
- ☐ I will not involve in any drug traffic: active user or drug seller.
- ☐ I will not do and perform immoral acts.
- ☐ I will not perform activities of a certain ideologies or indoctrination.
- ☐ I will not travel out of Indonesia during the academic period.
- ☐ I will not bring the family during the study period even though at my own expense.
- ☐ I fully responsible for my own luggage/goods if its lost prior or upon arrival in Indonesia.
Have them in my hands custody.
- ☐ I will refrain myself from being pregnant.
- ☐ I have to abide by the regulation of the government of Indonesia and as well as the Host University.
- ☐ I intend to return to my country at the end of the period of study.
- ☐ I accept to be sent back to my country if I violate the said regulations and the stay permit regulation in Indonesia.

Signature: _____ **Date:** _____

Note:

****Please attach additional pages if necessary.**

**THIS FORM IS TO BE FILLED OUT COMPLETELY AND ACCURATELY.
WE REGRET INCOMPLETE APPLICATION WILL NOT BE CONSIDERED.**