

#### CHULABHORN GRADUATE INSTITUTE

54 Kamphaeng Phet 6, Talat Bang Khen, Lak Si, Bangkok 10210, Thailand Phone: +66-2554-1900 Fax: +66-2554-1991 www.cgi.ac.th

CGI 128/2015

July 2, 2015

H.E. Mrs. Saida Muna Tasneem Ambassador Extraordinary and Plenipotentiary The Embassy of the People's Republic of Bangladesh Bangkok, THAILAND

# Subject: The Chulabhorn Graduate Institute Post Graduate Scholarship

Excellency,

We have the honor to inform Your Excellency that The Chulabhorn Graduate Institute, for academic year 2016; will award a number of scholarships to qualified candidates to undertake Master Degree study in various fields in Science and Technology. The scholarship will cover round trip airfare, tuition and other academic fees, accommodation allowance, monthly stipend, book allowance, health insurance and others.

We would appreciate Your Excellency cooperation in conveying the afore-mentioned information to your government and invite relevant organizations to nominate up to 5 candidates for the study programs. Attached herewith are the announcement, application form and other related documents.

Please accept, Excellency, the assurance of my highest consideration.

(Professor Dr. Somsak Ruchirawat)

Someak Ruchinest

Rector

Enclosure: As stated



# Chulabhorn Graduate Institute Post-graduate Scholarship Program

(Academic Year 2016)

The Chulabhorn Graduate Institute (CGI) is a multidisciplinary post-graduate academic institute established in 2005, under the initiative of Professor Dr. Her Royal Highness Princess Chulabhorn Mahidol. The aim of CGI is to employ the most recent interactive teaching techniques used in leading educational and research institutions to produce effective thinkers and leaders to better serve their countries' needs towards sustainable development. The CGI is presently offering programs leading to a Master's degree in Applied Biological Sciences: Environmental Health, Environmental Toxicology, and Chemical Biology.

This year, 10 (ten) scholarships are available for international applicants to pursue a Master's Degree study at the CGI. Selection of applicants will be based on merit.

### Eligibility

Scholarships are open to the eligible applicants who is under 30 years of age and hold a
Bachelor Degree with a cumulative GPA of at least 3.00 in one of the following fields:

Sciences: Chemistry, Biology, Biological Sciences, Biochemistry, Biotechnology, Genetics, Microbiology, Molecular Biology, Environmental Sciences.

Medical Sciences: Medicine, Medical Technology, Nursing, Pharmacy or Pharmaceutical Sciences.

Applicants from other related fields are also welcome to apply.

- Have at least 1 year of scientific laboratory research experiences
- Applicants must have demonstrated English proficiency, preferably on one of two recognized test of language proficiency (TOEFL, IELTS)
- Applicants must provide a statement of purpose explaining their interests in the study

# Field of Study

- Applied Biological Sciences: Environmental Health
- Environmental Toxicology
- Chemical Biology

# Scholarship Coverage

The scholarship will cover tuition and other academic fees, round trip airfare, accommodation allowance, monthly stipend, book allowance, health insurance and others.

## **Award Period**

The award is tenable for a period of 2 years, subject to an annual review of the scholar's satisfactory progress.

# **Application Procedure**

Applicants should complete the Chulabhorn Graduate Institute Post - Graduate scholarship Program's application form and submit together with other supporting documents to;

The Chulabhorn Graduate Institute (CGI Scholarship Program) 54 Kamphangphet 6 Road, Laksi, Bangkok 10210 THAILAND Email: cgi\_academic@cgi.ac.th

## **Application Period**

Applications for the CGI Post-graduate Scholarship Program are due on 30 November 2015.

Pre-session orientation program will commence in June 2016 while the academic program will commence August 2016.

### Notification of the Award

Successful applicants will be notified of the outcome by CGI.

#### **Application Form**

CGI scholarship application form and medical history and report can be found as the attachments.

# For more information, please contact

Address: The Chulabhorn Graduate Institute 54 Kamphangphet 6 Road, Laksi, Bangkok 10210 THAILAND

cgi\_academic@cgi.ac.th Email:

Website: www.cgi.ac.th

Tel Nos: (66 2) 554-1900 ext. 2155,2130 Fax Nos: (66 2) 554-1990 / 554-1992



Place Photograph Here

# Chulabhorn Graduate Institute Post-Graduate Scholarship Program Scholarship Application Form

• Duly o	question mus completed ap ite before de	ctions:  st be answered cle pplication forms si adline of applicati cations will not b	hould be forwa on	letely. rded to	o the Chulabh	orn Graduate
Proposed fiel	d of study;	Environ	d Biological Sonmental Toxico		s: Environme	ntal Health
PERSONAL I	Family n	ame / Surname	Fi	rst na	me	Sex
☐ Mr. ☐ Mrs. ☐ Ms.	(as snow	vn in passport)		÷		Male Female
City and countr	y of birth	Nationality	Date of Birth (DD/MM/YY)	Age	Maritai Status  Single Married Divorced	Religion

Applicant's Office Ad	dress:	Applicant's Home Address:					
Office telephone NO:	FAV						
ornee telephone NO.	FAX:	Home telephone NO:	FAX:				
Country Area Number Office Email:	Country Area Number	Country Area Number Country Area Number Personal Email:					
Name and address of p	erson to be notified in ca	ase of emergency:					
Celephone No:	ul Angol Ni mil	Relationship:	*************	•••••			
Celephone No:	y Area Number	Relationship:		•••••••••••••••••••••••••••••••••••••••			
Countress Countres Countress Countres Cou	y Area Number City of Departure RD						
Countr	y Area Number City of Departure		Major field of study	Cumulative GPA			
Countress Countres Countress Countres Co	y Area Number City of Departure  RD  City/ Years Atte	ended   Degrees, Diplomas	Major field	Cumulative			
Countrol Cou	y Area Number City of Departure  RD  City/ Years Atte	ended   Degrees, Diplomas	Major field	Cumulative			
Countrol Cou	y Area Number City of Departure  RD  City/ Years Atte	ended   Degrees, Diplomas	Major field	Cumulative			
Countress Countres Countress Countres Co	y Area Number City of Departure  RD  City/ Years Atte	ended   Degrees, Diplomas	Major field	Cumulative			
Countrest of the Countr	City of Departure  City/ Years Atter Country From	ended   Degrees, Diplomas	Major field of study	Cumulative GPA			

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:	Type of your organization:				
Government/ Semi Government/ Private/ NGO Main function of the organization:	Government/ Semi Government/ Private/ NGO Main function of the organization:				
Office address:	Office address:				
Description of your work including your respo	nsibilities (Please continue on supplementary				

EXPECTATIONS				i	·				
Please describe the practical the responsibilities you expect of your training. (Please cont	t to assur	ne and t	he cond	dition exis	sting in	Vour co	ome in rel ountry in t	ation to he field	l
		-ppioni	mary p	ages II ne	ecssary	,			
				:					
LANGUAGES (No considera	tion will b	ne giver	to ann	liaanta vui	th out la		C .:		
documents)	T	Read	то арр	Teants wi	Write	mguage	<b>-</b>	Speak	
	Excellent	Good	Fair	Excellent	Good	Fair	Excellent	Good	Fair
Mother tongue									
English									
Other									
English Proficiency Test* (plea	ase attach	)				<u> </u>	L		
TOEFL Score	• • • •		IEI	LTS Score	e	•••••	••••		
Other (specify)				•					
* Required Information									

1	UMENTS	
Transcript (s)		
Letter of Recor	mandation	
Dottor or recor	IIIIIGIIGALIOII	
name	title	institution/company
name	title	institution/company
name	title	institution/company
Medical Certifi	nota	
Others (Please	specify)	
Table Adlanti		
Please read the following	ing and sign	
	_	
I understand that withho	Olding pertinent information	requested in this application form or
I understand that withhor intentionally giving fals consideration. I hereby	olding pertinent information se information will make me certify that my education an	automatically ineligible for application
I understand that withhor intentionally giving fals consideration. I hereby	olding pertinent information se information will make me	automatically ineligible for application
I understand that withhor intentionally giving fals consideration. I hereby	olding pertinent information se information will make me certify that my education an	automatically ineligible for application
I understand that withhor intentionally giving fals consideration. I hereby	olding pertinent information se information will make me certify that my education an	automatically ineligible for application
I understand that withhor intentionally giving fals consideration. I hereby	olding pertinent information se information will make me certify that my education an	automatically ineligible for application
I understand that withhor intentionally giving fals consideration. I hereby	olding pertinent information se information will make me certify that my education an	automatically ineligible for application and qualifications are in accordance with the athis form is true.  Applicant's Signature
I understand that withhor intentionally giving fals consideration. I hereby	olding pertinent information se information will make me certify that my education an	automatically ineligible for application d qualifications are in accordance with the n this form is true.
I understand that withhor intentionally giving fals consideration. I hereby admission requirements	olding pertinent information se information will make me certify that my education an	automatically ineligible for application ad qualifications are in accordance with the athis form is true.  Applicant's Signature  Date
I understand that withhor intentionally giving fals consideration. I hereby admission requirements	olding pertinent information se information will make me certify that my education an and all information given in	automatically ineligible for application ad qualifications are in accordance with the athis form is true.  Applicant's Signature  Date
I understand that withhou intentionally giving fals consideration. I hereby admission requirements  Duly completed at the Chulch	olding pertinent information se information will make me certify that my education and and all information given in	automatically ineligible for application ad qualifications are in accordance with the athis form is true.  Applicant's Signature  Date
I understand that withhou intentionally giving fals consideration. I hereby admission requirements  Duly completed a The Chul 54 Kample	olding pertinent information se information will make me certify that my education and and all information given in application form should be abhorn Graduate Institute	automatically ineligible for application ad qualifications are in accordance with the athis form is true.  Applicant's Signature  Date
I understand that withhou intentionally giving fals consideration. I hereby admission requirements  Duly completed at the Chulotte Kampi Laksi, Ba	application form should be inabhorn Graduate Institute hangphet 6 Road, angkok 10210	automatically ineligible for application ad qualifications are in accordance with the athis form is true.  Applicant's Signature  Date
I understand that withhor intentionally giving fals consideration. I hereby admission requirements  Duly completed a The Chul 54 Kampl Laksi, Ba	application form should be a abhorn Graduate Institute hangphet 6 Road, angkok 10210	automatically ineligible for application ad qualifications are in accordance with the athis form is true.  Applicant's Signature  Date

# Medical History and Report

Name of Nominee	Age
Country	
*Physical Examination (To b	pe filled in by physician)
Present Status	
Height Cms. Weight	kgs. Blood Pressure mm.Hg. Pulse min.
Vision RightLeft	Eyes With glasses / Without glasses
a) Do you currently use any drugs f     ( ) No	for the treatment of a medical condition? (give name and dosage)
( ) Yes: name of medication (	), Quantity (
b) Are you pregnant?	
( ) No	
() Yes: (months)	
c) Are you allergic to any medication	on or food?
( ) No	
( ) Yes: ( ) Medication:( )	Food:() Other:
<u>Laboratory Examinations</u>	
Blood groupBlood	film for malariaHbgm%
WBC	
Differential PMN % Lym	p % Mono % Eos %
Baso % Bar	nd% Blast%
Urinalysis: Colour Sp.	Gr pH Sugar
Alb Bloo	od Blie
Micro: WBC	/HPF.,RBC/HPF.,Epethelial/HPF.
Casts	/ HPD., Others
Stool examination for parasite & Ov	a
Chest X - Ray report	