

গণপ্রজাতন্ত্রী বাংলাদেশ সরকার
জনপ্রশাসন মন্ত্রণালয়
বিদেশ প্রশিক্ষণ শাখা
www.mopa.gov.bd

নং-০৫.০০.০০০০.২০২.০০.০১৮.১৫-১৭১

তারিখ: ১১ মে, ২০১৫

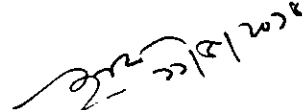
বিজ্ঞপ্তি

থাইল্যান্ডে অনুষ্ঠেয় নিম্নবর্ণিত Master Degree Programme-এ অংশগ্রহণের জন্য বিসিএস (প্রশাসন) ক্যাডারের কর্মকর্তাবৃন্দের নিকট থেকে দরখাস্ত আহ্বান করা যাচ্ছে:

কোর্সের নাম	সুযোগ সংখ্যা
Master of Art in Social Science (Development Studies) (2 years)	৩
Master Degree in Environmental Science (2years)	২
Master of Science in Service Innovation Program (2 year)	৩

০২। আগ্রহী কর্মকর্তাবৃন্দের ৩ সেট আবেদন ফরম যাবতীয় কাগজপত্রসহ ১২/০৫/২০১৫ তারিখের মধ্যে বিদেশ প্রশিক্ষণ অধিশাখায় (ডবন নং-১, কক্ষ নং-১১৪) দাখিল/প্রেরণের জন্য নির্দেশক্রমে অনুরোধ করা হল।

সংযুক্ত: TICA Application form.


ড. আবদুল হামিদ
উপসচিব
ফোন: ৯৫৭৪৪২৬



Thailand International Cooperation Agency
 Government Complex, Building B (South Zone), 8 th Floor,
 Chaengwattana Road, Bangkok 10210, Thailand
 Tel. 66 2203 5000 ext. 43305 Fax 66 2143 8451, 2143 9325
 Email: tica@mfa.go.th Website: www.tica.thaigov.net/main

SCHOLARSHIP APPLICATION FORM

FOR OFFICIAL USE ONLY

Reference No.

Received:

Checked:

Important Instructions:

- This application form is composed of five parts (part A to part E) and should be typed or printed clearly
- Part A to part D should be completed by the candidate and part E by the government authority
- Each question must be answered clearly and completely. Detailed answers are required in order to make the most appropriate arrangements.
- Official authority of the nominating Government will formally nominate and forward three copies of the certified application forms to the Thailand International Cooperation Agency (TICA) through the Royal Thai Embassy in the nominating country.
- The nominee is required to attach medical report or health status certification.
- **No consideration will be given to the late submissions or incomplete applications/documents.**

(Please attach
 photograph here)

Title of Course:

Name of Academic Institution:

A. PERSONAL DATA

Title	Family name /Surname(as shown in passport)	First name			Sex
<input type="radio"/> Mr. <input type="radio"/> Mrs. <input type="radio"/> Ms.					<input type="radio"/> Male <input type="radio"/> Female
City and country of birth	Nationality	Date of birth (DD/MM/YY)	Age	Marital Status	Religion
Work address (Please complete this section as clear as possible. information will be used for travel arrangement.)			Home address (Please complete this section as clear as possible, information will be used for travel arrangement.)		
Fax No: (Country Code/ Area Code / Number)	Telephone No:	Telephone No: (Country Code/Area Code/Number)			
		International Airport/City for departure:			
Email address:					
Name and address of person to be notified in case of emergency:					
.....					
Telephone No: Relationship of this person to you :					

Languages:	READ			WRITE			SPEAK		
	Excellent	Good	Fair	Excellent	Good	Fair	Excellent	Good	Fair
Mother tongue									
English									
Other.....									

English Proficiency Test (please attach) TOEFL Score IELTS Score

Other (specify)

EDUCATION RECORD

Education Institution	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?

For a candidate for a degree course, please give a list of relevant publications/researches (do not attach details)

B. EMPLOYMENT RECORD : It is important to give complete information. For each post you have occupied, give details of your duties and responsibilities.

Present or most recent post : Dates from _____ to _____	Description of your work, including your personal responsibilities
Title of your post:	
Name of organisation:	
Type of organisation:	
Official address:	Description of your work, including your personal responsibilities
Previous post: Dates from _____ to _____	
Title of your post:	
Name of organisation:	
Type of organisation:	
Official address:	

C. 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.
(Please continue on supplementary pages if necessary)

D. REFERENCES (please attach the recommendation letters from two persons acquainted with your academic and professional experiences.)

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

If accepted for a training award, 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 course of training;
- (b) follow the course of training, and abide by the rules of the University or other institutions or establishment in which I undertake to train;
- (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 also fully understand that if I am granted a fellowship award, 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:

E. GOVERNMENT AUTHORISATION : To be completed by the nominating Government or the agency from whom the nomination has been invited.

I certify that, to the best of my knowledge,

- (a) all information supplied by the nominee is complete and correct ;
- (b) the nominee has adequate knowledge and experience in related fields and has adequate English proficiency for the purpose of the fellowship in Thailand.

On return from the fellowship, the nominee will be employed in the following position :

Title of post

Duties and responsibilities

.....

.....

Signature of responsible Government official

Official stamp:

Title :

Organisation:

Official address:

Date

MEDICAL REPORT			
Name of Nominee		Age:	Sex:
Country			
Physical Examination (To be filled in by physician)			
Height cms.		Weight kgs.	Blood Pressure mm.Hg. Pulse/min.
Vision	Right	Left	Eyes With glasses / Without glasses
Check each item in appropriate column			
Items	Normal	Abnormal	Additional Comments
General	<input type="radio"/>	<input type="radio"/>	
Skin, Scalp	<input type="radio"/>	<input type="radio"/>	
Lymph nodes	<input type="radio"/>	<input type="radio"/>	
Eyes	<input type="radio"/>	<input type="radio"/>	
Ears :	<input type="radio"/>	<input type="radio"/>	
Otoscopic Exam Nose	<input type="radio"/>	<input type="radio"/>	
Pharynx & tonsils	<input type="radio"/>	<input type="radio"/>	
Teeth	<input type="radio"/>	<input type="radio"/>	
Thyroid gland	<input type="radio"/>	<input type="radio"/>	
Lungs	<input type="radio"/>	<input type="radio"/>	
Heart	<input type="radio"/>	<input type="radio"/>	
Abdomen	<input type="radio"/>	<input type="radio"/>	
Liver	<input type="radio"/>	<input type="radio"/>	
Spleen	<input type="radio"/>	<input type="radio"/>	
Hernia	<input type="radio"/>	<input type="radio"/>	
External genitalia	<input type="radio"/>	<input type="radio"/>	
Rectal exam.	<input type="radio"/>	<input type="radio"/>	
Vertebrae	<input type="radio"/>	<input type="radio"/>	
Locomotor	<input type="radio"/>	<input type="radio"/>	
Reflexes	<input type="radio"/>	<input type="radio"/>	
Mental health status	<input type="radio"/>	<input type="radio"/>	

LABORATORY EXAMINATIONS

Blood group Blood film for malaria Hb gm%

WBC Cells/cu.mm.

Differential PMN % Lymph % Mono % Eos %
 Baso % Band % Blast %

Urinalysis: Colour Sp. Gr pH Sugar
 Alb Blood Ketones Blic
 Micro: WBC /HPF.. RBC /HPF.. Epethelial..... /HPF.
 Casts /HPD.. Others

Stool examination for parasite & Ova

Chest X – Ray report

Urine pregnancy test

Is the nominee able physically and mentally to carry on intensive study away from home?

Is the nominee free from infectious diseases (such as AIDS, tuberculosis, trachoma, leprosy, syphilis, skin diseases, filariasis etc.) 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?

I certify that the applicant is medically fit to undertake a course in Thailand.

Full name and address of

Physician signatureM.D.

Examining physician (printed)

(.....)

Date.....

Telephone:

(printed)

E-mail: