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வெளிவிவகார அமைச்சு
MINISTRY OF EXTERNAL AFFAIRS

ජනරජ නොදිනෙහිල්ල, කොළඹ 1, ශ්‍රී ලංකාව குடியரசுக் கட்டிடம், கொழும்பு 1, இலங்கை Republic Building, Colombo 1, Sri Lanka



මගේ අංකය } EA/THL/01/02
எனது இல }
My No }

ඔබේ අංකය }
உமது இல }
Your No }

දිනය } August 2, 2013
திகதி }
Date }

Secretary
Ministry of Higher Education
Ward Place
Colombo 07



The Chulabhorn Graduate Institute Post Graduate Scholarship

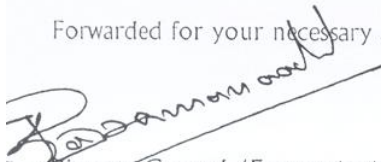
Please find enclosed herewith a note dated June 28, 2013 received from the Chulabhorn Graduate Institute [CGI], received through our Mission in Bangkok.

It is noted that CGI will awarded a number of scholarships to qualified candidates to undertake Master Degree studies in various fields in Science and Technology for the academic year 2014.

Further CGI invites relevant organizations to nominate up to five [05] qualified candidates for this study programme. The announcement, application form and other related documents are attached herewith.

All applications for the CGI Post-Graduate Scholarship program are due on October 30, 2013.

Forwarded for your necessary action please.


Director General /Economic Affairs
for Secretary/External Affairs

✓ Copy to: Chairperson/UGC

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Web site }



CHULABHORN GRADUATE INSTITUTE

54 Moo 4 Vibhavadee-Rangsit Highway Laksi Bangkok 10210

Tel. 0-2574-0622 Fax. 0-2574-0608, 0-2575-1490

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Pl forward to
early to
N
10/7/2013*

CGI 2013

June 28, 2013

H.E. General Shanta Kottegoda
Ambassador Extraordinary and Plenipotentiary
The Embassy of the Democratic Socialist Republic of Sri Lanka
Bangkok, THAILAND

Subject: The Chulabhorn Graduate Institute Post Graduate Scholarship

Excellency,

We have the honor to inform Your Excellency that The Chulabhorn Graduate Institute (CGI), for academic year 2014, 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 qualified 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.

Somsak Ruchirawat

(Prof. Dr. Somsak Ruchirawat)

Rector

Enclosure: As stated

Chulabhorn Graduate Institute Post-graduate Scholarship Program

(for Academic Year 2014)



The 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 train students in the program to be effective thinkers and leaders in their fields of expertise, to better serve their countries' needs towards sustainable development. The CGI is presently offering programs leading to a Post - Graduate Diploma and a Master's degree in Applied Biological Sciences: Environmental Health, Environmental Toxicology, and Chemical Biology.

This year, 5 (five) scholarships are available for applicants who are interested to pursue a Master's Degree at the CGI. Selection of successful applicants will be based on merit.

Eligibility

- Scholarships are open to bonafide ASEAN nationals (except Thai citizen)
- Hold a Bachelor Degree with a cumulative GPA of at least 3.00 in one of the following fields:
 - Sciences: Chemistry, Biological, Biological Sciences, Molecular Biology, Environmental Sciences
 - Medical Sciences: Medicine, Medical Technology, Nursing
 - Pharmacy and Pharmaceutical Sciences

Applicants from other related fields are also welcome to apply.

- Have at least 2 years work experiences in related field. Applicants with laboratory research experiences will receive favorable consideration
- 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-AF Joint 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 October 2013**.

Pre session orientation program will commence April 2014 while the academic program will commence June 2014.

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

Email: cgi_academic@cgi.ac.th

Website: www.cgi.ac.th

Tel Nos: (66 2) 554-1900 ext. 2155, 2154, 2130

Fax Nos: (66 2) 554-1990 / 554-1992



Place
Photograph
Here

**Chulabhorn Graduate Institute
Post-Graduate Scholarship Program
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 Biology

PERSONAL DATA

Title	Family name / Surname (as shown in passport)	First name			Sex
<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.					<input type="checkbox"/> Male <input type="checkbox"/> Female
City and country of birth	Nationality	Date of Birth (DD/MM/YY)	Age	Marital Status	Religion
				<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced	

COMMUNICATION AND MAILING ADDRESS

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

Present or most recent post
Employer

Present post
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

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* (please attach)

☐ TOEFL Score

☐ IELTS Score

☐ Other (specify)

* Required Information

SUPPORTING DOCUMENTS

☐

Transcript(s)

☐

Letter of Recommendation

name	title	institution/company
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name	title	institution/company
------	-------	---------------------

name	title	institution/company
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☐

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

54 Kamphangphet 6 Road,

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 % Lymph % Mono % Eos %

Baso % Band % Blast %

Urinalysis : Colour Sp. Gr pH Sugar

Alb Blood Ketones Bilie

Micro : WBC /HPF, RBC /HPF, Epithelial /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	<input type="checkbox"/>	<input type="checkbox"/>
Skin, Scalp	<input type="checkbox"/>	<input type="checkbox"/>
Lymph nodes	<input type="checkbox"/>	<input type="checkbox"/>
Eyes	<input type="checkbox"/>	<input type="checkbox"/>
Ears	<input type="checkbox"/>	<input type="checkbox"/>
Otoscopic Exam			
Nose	<input type="checkbox"/>	<input type="checkbox"/>
Pharynx & tonsils	<input type="checkbox"/>	<input type="checkbox"/>
Teeth	<input type="checkbox"/>	<input type="checkbox"/>
Thyroid gland	<input type="checkbox"/>	<input type="checkbox"/>
Lungs	<input type="checkbox"/>	<input type="checkbox"/>
Heart	<input type="checkbox"/>	<input type="checkbox"/>
Abdomen	<input type="checkbox"/>	<input type="checkbox"/>
Liver	<input type="checkbox"/>	<input type="checkbox"/>
Spleen	<input type="checkbox"/>	<input type="checkbox"/>
Hernia	<input type="checkbox"/>	<input type="checkbox"/>
External genitalia	<input type="checkbox"/>	<input type="checkbox"/>
Rectal exam.	<input type="checkbox"/>	<input type="checkbox"/>
Vertebrae	<input type="checkbox"/>	<input type="checkbox"/>
Locomotor	<input type="checkbox"/>	<input type="checkbox"/>
Reflexes	<input type="checkbox"/>	<input type="checkbox"/>
Mental health status	<input type="checkbox"/>	<input type="checkbox"/>

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, syphilis 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 signatureM.D.

(.....)

Date

