

F. No. 30-1/2017-ES.3
Government of India
Ministry of Human Resource Development
Department of Higher Education
External Scholarship Division

PUBLIC NOTICE

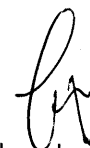
Chulabhorn Graduate Institute, Bangkok is offering scholarship to Indian applicants for the academic year 2018 under '**Chulabhorn Graduate Institute Post-graduate Scholarship Program**' for the programme leading to the Master's degree in applied Biological Sciences: Environmental Health, Environmental Toxicology, and Chemical Biology.

2. The Eligibility, application form and other information in respect of '**Chulabhorn Graduate Institute Post-graduate Scholarship Program**' is annexed.

3. Applicants are required to complete the Chulabhorn Graduate Institute Post-graduate Scholarship Program's application form (for NON-ASEAN) and submit the scanned file of the application together with other supporting documents via e-mail at cgi_academic@cgi.ac.th . After sending the e-mail, the applicants are also required to send the original application along with documents to the following address:

The chulabhorn Graduate Institute (CGI Scholarship Program)
54 Kamphangphet 6 Road, Laksi, Bangkok 10210 Thailand

4. The last date for sending application for the Chulabhorn Graduate Institute Post-graduate Scholarship Program is 31st October 2017.



(Ghanshyam)

Under Secretary (Scholarship)

Dated: 19/08/2017

Tele: 011 26172492



Chulabhorn Graduate Institute Post-graduate Scholarship Program For NON-ASEAN Applicants

(Academic Year 2018)

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 the CGI is to employ the most recent interactive teaching techniques used in world 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, ten (10) scholarships are available for NON-ASEAN 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 meet the following qualifications:

- Under 30 years of age
- Hold a Bachelor Degree with a cumulative GPA of at least 3.00 in one of the following fields:
 - Sciences: Chemistry, Biology, Biological Sciences, Molecular Biology, Environmental Sciences
 - Medical Sciences: Medicine, Medical Technology
 - Pharmacy or Pharmaceutical SciencesApplicants from other related fields are also welcome to apply.
- Have one year experience in scientific laboratory research
- Must have demonstrated English proficiency, preferably on one of two recognized tests of language proficiency (TOEFL, IELTS)
- 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 (credit fee, laboratory expenses, refresher course, enrollment fee, thesis fee, production of thesis documents), round trip airfare, visa fee, first settlement allowance, relocation allowance, accommodation, monthly stipend, book allowance, health insurance, and others.

Award Period

The award will cover six (6) weeks Refresher Courses and followed by a period of two (2) years Master's Degree study, subject to an annual review of the scholar's satisfactory progress.

Note: Refresher Courses will commence in June 2018 while the academic program will commence in August 2018.

Application Procedure

Applicants should complete the Chulabhorn Graduate Institute Post – graduate Scholarship Program's application form (for NON-ASEAN) and submit together with other supporting documents through the following channel:

(1) Send via e-mail the scanned file of the application form and all the supporting document to:

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

(2) After step (1) is completed, send all the original documents via postal services to the address as stated in (1).

Note: No consideration will be given to application with incomplete supporting documents.

Application Period

Application for the CGI Post-graduate Scholarship Program is due on **31 October 2017**.

Notification of the Award

Successful applicants will be notified of the outcome by the CGI around February 2018.

Application Form

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

For more information, please contact

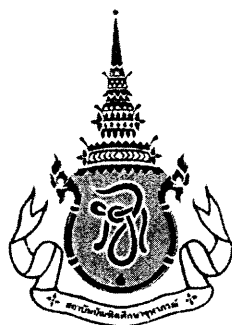
Address: The Chulabhorn Graduate Institute
54 Kamphangphet 6 Road, Laksi, Bangkok 10210 THAILAND

E-mail: cgi_academic@cgi.ac.th

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
(For NON-ASEAN Applicants)**

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:	FAX:	Home telephone NO:	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 or 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 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	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)

Empty space for describing practical use of study on return home.

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

name title institution/company

name title institution/company

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. Weightkgs. 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 Blie.....

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)

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Physician signatureM.D.

(.....)

Date