



Scholarship Application Form for Dual-Ph.D. Program Academic Year

Application Checklist	
<input type="checkbox"/> Application Form	<input type="checkbox"/> Accepted Letter from Foreign University
<input type="checkbox"/> Recommendation Form	<input type="checkbox"/> Transcript
<input type="checkbox"/> Copy of English Proficiency Test Score	<input type="checkbox"/> Copy of Passport (If Applicable)
<input type="checkbox"/> Publication/Reprint or Accepted letter for publishing (If Applicable)	
<input type="checkbox"/> Abstract of research project (Make as attachments, not exceed than 1 page with A4 size)	
<input type="checkbox"/> Letter of Motivation (Make as attachments, not exceed than 1 page with A4 size)	
<input type="checkbox"/> Others.....	

Paste a passport
photo taken within the
previous 6 months.

I wish to apply Dual-Ph.D. Program scholarship for:

University

Program Name	
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Academic Year	
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APPLICANT INFORMATION

Name

<i>(Family name)</i>	<i>(First name)</i>	<i>(Middle name)</i>

Title: Mr. Mrs. Miss

Gender: Male Female

Marital Status: Single Married Divorce Widowed

Date of Birth: Date: Month: Year:

Nationality:	Passport No:	Expiry Date :
Email:	Skype ID:	

Address in Home Country:		
Address:		
City/Town:	Country:	Postcode:
Phone:	Mobile:	Fax:

Correspondence / Current Address: (if different from address in home country)		
Address:		
City/Town:	Country:	Postcode:
Phone:	Mobile:	Fax:

English Proficiency Test Score

- IELTS..... TOEFL
- Paper Based
- Computer Based
- Internet Based

Educational Background

Educational level	Name and address of Institution	Year and Month of Entrance and Completion	Diploma or Degree awarded / Major subject
<i>Undergraduate Level</i>	<i>Name .:</i> <i>Location:</i>	<i>From</i> <i>To</i>	
<i>Graduate Level</i>	<i>Name:</i> <i>Location:</i>	<i>From</i> <i>To</i>	
	<i>Name:</i> <i>Location:</i>	<i>From</i> <i>To</i>	

Trainings & Works: Begin with the most recent, if applicable.

Trainings & Works	Period	Responsibility
	<i>From</i> <i>To</i>	
	<i>From</i> <i>To</i>	

Awards & Achievements: if applicable.

RESEARCH OR STUDY-PROJECT ABROAD

Abstract of research project (Make as attachments, not exceed than 1 page with A4 size) and must have following topics as below;

1. Statement of the problems
2. Objective
3. Research Methods
4. Benefits from this project

Title of research project		
Scheduled duration/months		From To

CONTACT ABROAD

Name of contact person (in Faculty/University that you applied)	
University	
Department	
Address	
Phone	
E-mail	

DECLARATION

I declare that to the best of my knowledge, the information I have supplied in this application and the documentation supporting it are correct and complete. I acknowledge that the provision of incorrect information or documentation relating to my application may result in cancellation of any offer of enrollment by Faculty of Medicine Siriraj Hospital, Mahidol University.

Applicant's signature:

(_____)

Applicant's name (in Roman block capitals)

Date of application: _____