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வெளிநாட்டு வளங்கள் திணைக்களம்
Department of External Resources

Kapila S.
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මදුල්, ආර්ථික ස්ථායීකරණ සහ ජාතික ප්‍රතිපත්ති අමාත්‍යාංශය
මහලේකම් කාර්යාලය (3 වැනි මහල), තැපෑ. 277, කොළඹ 00100, ශ්‍රී ලංකාව
நிதி, பொருளாதார உறுதிப்படுத்துகை மற்றும் தேசியக் கொள்கைகள் அமைச்சு
செயலகம் (3 ஆம் மாடி), த. பெ. இல. 277, கொழும்பு 00100, இலங்கை

Ministry of Finance, Economic Stabilization and National Policies
The Secretariat (3rd Floor), P.O. Box 277, Colombo 00100, Sri Lanka

Web Site: www.erd.gov.lk

e-mail: info@erd.gov.lk

මගේ අංකය
எனது இல
My No

TA/C-Plan/KDI

ඔබේ අංකය
உமது இல
Your No

දිනය
திகதி
Date

16 June 2022

- Secretary to the President \ Presidential Secretariat
- Secretary to the Prime Minister \ Prime Minister's Office
- Chairmen \ All Independent Commissions
- Secretary to the Cabinet / Cabinet office
- Secretary General of Parliament / The Parliament
- Secretaries / All Ministries



Attn: Officer-In-Charge of Foreign Trainings

Dear Sir\ Madam

Submission of papers related to the field of development cooperation until July 15th 2022 - Korea Development Institute (KDI) School of Public Policy and Management

The Colombo Plan Secretariat has announce that the Korean Development Institute (KDI) School of public Policy and Management is accepting papers related to the field of development cooperation until 15th July 2022.

Accordingly, we would highly appreciate, if you could instruct the relevant officials to circulate these details among the Departments/Divisions/Institutes under your purview and encourage suitable candidates to submit their papers related to the field of development cooperation.

Applicants need to submit the papers online (<https://conference.kdischool.ac.kr/>) with a copy to this department through chandrika@erd.gov.lk and yamuna@erd.gov.lk within the given timeline.

Yours faithfully

W.W.S. Mangala
Director 9TA Division)
for Director General

Part 1 Training Program Details

(1.1) Title of the Program
(1.2) ERD Code (1.3) Duration in Weeks

Part 2 Official Information

(2.1) Ministry
(2.2) Agency
(2.3) Official Address
(2.4) Telephone Number (2.5) Fax
(2.6) Email

Part 3 Personal Information

(3.1) Name of Nominee (As shown in the Passport)
(3.2) Sex (3.3) Present Designation
(3.4) Home Address
(3.5) National Identity Card Number
(3.6) Passport No. (3.7) Mobile Number
(3.8) Email
(3.9) Date of Birth (DD/MM/YY) (3.10) Age (Years)
(3.11) Years of Service to the Government in the Nominee's Career
(3.12) Years of Service in the present Agency
(3.13) Name of the contact person in an emergency
(3.13.1) Relationship (3.13.2) Mobile Number

Part 4 Academic Qualifications (Higher Education)

| Name of the Institution | Country | Qualification | Year |
|-------------------------|---------|---------------|------|
| | | | |
| | | | |
| | | | |
| | | | |

Part 5 No. of Previous Foreign Training Attended in the past 3 years by the Nominee

| Duration | Countries | No. of trainings |
|--|-----------|------------------|
| Less than one week | | |
| Greater than one week & Less than 12 weeks(three months) | | |
| Greater than 12 weeks & Less than 32 weeks (8 months) | | |
| Greater than 32 weeks | | |

Part 6 Nominee's Declaration

I, the undersigned, certify that the details provided in this form describe myself, my qualifications and my experience, truly and correctly.

Date: _____

Nominee's Signature _____

Part 7 Certification of the Head of Department

| Relevancy of this Training Programme to Nominee's Work (Please Check only one Box) | Vital for present work | Directly Related to Present Work | Connected to Present Work | Helpful in Future Work | For Promotions | Other (Specify) |
|--|------------------------|----------------------------------|---------------------------|------------------------|----------------|-----------------|
| | | | | | | |

I certify the accuracy of the information given above.

Date _____

Signature of Head of the Department & the Stamp _____

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

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"/> | |

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 RightLeft 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 groupBlood film for malariaHb gm%

WBC Cells/cu.mm.

Differential PMN % Lymp % Mono % Eos %

Baso % Band..... % Blast %

Urinalysis : Colour Sp. Gr pH Sugar

Alb BloodKetones Blie.....

Micro : WBC...../HPF.,RBC/HPF.,Epethelial...../HPF.

Casts...../HPD., Others

Stool examination for parasite & Ova

Chest X – Ray report

Urine pregnancy test

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
906 Kamphangphet 6 Road, Talat Bang Khen,
Laksi, Bangkok 10210
THAILAND

Email: cgi_academic@cgi.ac.th

<http://www.cgi.ac.th>

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* (MUST attach)

TOEFL Score

IELTS Score

Other (specify)

* Required Information

EMPLOYMENT RECORD

| | |
|---|---|
| Present or most recent post: Employer: | Previous 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: Government/ Semi Government/ Private/ NGO | Type of your organization: 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)

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) | | | | | | |



CHULABHORN
ROYAL ACADEMY
Chulabhorn Graduate Institute

Place
Photograph
Here

Chulabhorn Graduate Institute Post-Graduate Scholarship 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 Sciences

PERSONAL DATA

| Title | Family name / Surname (as shown in passport) | First name | | | Sex |
|-------------------------------|---|-----------------------------|-----|--|---------------------------------|
| <input type="checkbox"/> Mr. | | | | | <input type="checkbox"/> Male |
| <input type="checkbox"/> Mrs. | | | | | <input type="checkbox"/> Female |
| <input type="checkbox"/> Ms. | | | | | |
| 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 | |

Supporting Document

Following documents must be submitted together with application form:

- 1) Full Academic Transcript
- 2) Three Recommendation Letters
- 3) Statement of Purpose explaining interest of study
- 4) Medical History Report
- 5) Other supporting documents to facilitate application screening

Application Period

Applications for the CGI Post-graduate Scholarship Program are due on **30 September 2022**.

Notification of the Award

Successful applicants will be notified of the outcome by the CGI around January 2023.

Application Form

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

For more information, please contact

Address: Chulabhorn Royal Academy, Chulabhorn Graduate Institute
906 Kamphangphet 6 Road, Talat Bang Khen, Laksi, Bangkok 10210 THAILAND

E-mail: cgi_academic@cgi.ac.th

Website: www.cgi.ac.th

Tel Nos: (66 2) 554-1900 ext. 2130,2138

Fax Nos: (66 2) 554-1991

Field of Study

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

Scholarship Coverage

The scholarship will cover tuition and other academic fees (credit fee, laboratory expenses, refresher course fee, 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 scholarship award will cover 6 weeks refresher courses and follow by a period of 2 years Master's Degree study, subject to an annual review of the scholar's satisfactory progress.

Note: Refresher Courses will tentatively commence in June 2023 while the academic program will commence in August 2023.

Application Procedure

Applicants should complete the Chulabhorn Graduate Institute Post – Graduate scholarship Program's application form and submit together with other supporting documents through the following channel:

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

Chulabhorn Royal Academy, Chulabhorn Graduate Institute (CGI Scholarship Program)
906 Kamphangphet 6 Road, Talat Bang Khen, 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 of supporting documents.



CHULABHORN
ROYAL ACADEMY
Chulabhorn Graduate Institute

Chulabhorn Graduate Institute Post-graduate Scholarship for Academic Year 2023

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 Master's and Doctoral Degree in Applied Biological Sciences: Environmental Health, Environmental Toxicology, and Chemical Sciences.

This year, 15 (fifteen) 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 meet the following qualifications:

- 1) Under 30 years of age
- 2) Hold a Bachelor Degree with a cumulative GPA of at least 2.75 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.
- 3) Have experience in scientific laboratory research
- 4) Must have demonstrated English proficiency, preferably on one of two recognized test of language proficiency (TOEFL, IELTS)
- 5) Must provide a statement of purpose explaining their interests in the study



CHULABHORN
ROYAL ACADEMY

Chulabhorn Graduate Institute

CRA 003(1)/66

April 29, 2022

The Secretary-General
The Colombo Plan Secretariat
No.31, Wijerama Mawatha, Colombo 7,
P.O. Box 596, Sri Lanka

Subject: The Chulabhorn Graduate Institute Post Graduate Scholarship

Dear Sir/Madame,

We are pleased to inform you that The Chulabhorn Graduate Institute (CGI), for academic year 2023, 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, monthly stipend, book allowance, health insurance and others.

We would appreciate your cooperation in conveying the aforementioned information to relevant organizations and encourage interested applicants to apply for the scholarship. Attached herewith are the announcement, application form and other related documents.

Thank you for your cooperation.

Yours sincerely,

Somsak Ruchirawat

(Professor Emeritus Dr. Somsak Ruchirawat)
Rector, Chulabhorn Graduate Institute

Enclosure: As stated