F.No. 30-1/2019-ES.3
Government of India
Ministry of Human Resource Development
Department of Higher Education
External Scholarship Division

To.

The Chairman,

All India Council of Technical Education (AICTE),

Nelson Mandela Marg, Vasant Kunj,

New Delhi - 110070

West Block-1, Wing – 6, 2nd Floor, R.K. Puram, New Delhi – 110066 Dated 09th August 2019

Subject: Chulabhorn Graduate Institute Post- Graduate Scholarship Program for the Academic Year 2020- regarding

Sir,

I am directed to say that the Chulabhorn Graduate Institute, Bangkok, Thailand is offering 10 scholarships to Non-ASEAN applicants for the Academic Year 2020 under the 'Chulabhorn Graduate Institute Post-Graduate Scholarship Program' in Applied Biological Sciences: Environmental Health, Environmental Toxicology and Chemical Science.

2. The Public Notice in this regard has already been displayed on the Ministry's website and the same is enclosed. It is requested that the public notice may be displayed on the AICTE's website. Kindly also arrange for further dissemination of this offer for its wide publicity.

Yours faithfully,

Encl: As above

(Visalakshi Jayaraman)

Undersecretary (Scholarships)

Tele: 26172917



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

(Academic Year 2020)

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 Science.

This year, 10 (ten) 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:

- 1) Under 30 years of age
- 2) 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
 - o Medical Sciences: Medicine, Medical Technology
 - o Pharmacy or Pharmaceutical Sciences

Applicants from other related fields are also welcome to apply.

- 3) Have experience in scientific laboratory research
- 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

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 October 2019.

Notification of the Award

Successful applicants will be notified of the outcome by the CGI around January 2020.

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, 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. 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.

| roposed field | of study: | Enviror | d Biological Sc nmental Toxico cal Sciences | | : Environmen | tal Health |
|--------------------|--|-------------|---|-----------|---------------------------|-----------------|
| ERSONAL D | ATA | | | | | |
| Title | Family name / Surname (as shown in passport) | | Fir | irst name | | Sex |
| ☐ Mr. ☐ Mrs. ☐ Ms. | | | | | | ☐ Male ☐ Female |
| City and country | of birth | Nationality | Date of Birth (DD/MM/YY) | Age | Marital Status | Religion |
| | | | | | Single Married 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/ Years Attended Degrees, Diplomas Major field Cumulative of study **GPA** Country From or Certificates 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: 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 responsages if necessary) | onsibilities (Please continue on supplementary |

| Please describe the practical the responsibilities you exp | | | | | | | | | |
|---|-------------------------|--------------|-----------|------------|---------------|---------|-----------|----------|--------|
| the responsibilities you exp | al use you v | will mal | ce of the | is study o | n your r | eturn h | ome in re | lation t | o d |
| of your training. (Please co. | ntinue on s | upplem | entary | pages if n | ecessary | y) | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| ANGUACES (No consider | | | | | | | | | |
| ANGUAGES (No consider ocuments) | ation will b | oe given | to app | licants wi | thout la | nguage | proficien | acy test | |
| ANGUAGES (No consider ocuments) | | Read | | | Write | | | icy test | |
| ocuments) | ation will b | | to app | licants wi | | nguage | | | |
| ocuments) | | Read | | | Write | | | Speak | |
| ocuments) | | Read | | | Write | | | Speak | |
| other tongue | | Read | | | Write | | | Speak | |
| other tongue | | Read | | | Write | | | Speak | |
| other tongue | | Read | | | Write | | | Speak | |
| other longue nglish | Excellent | Read Good | | | Write | | | Speak | |
| other longue nglish | Excellent | Read Good | | | Write | | | Speak | |
| ANGUAGES (No consider ocuments) other tongue nglish her TOEFL Score | Excellent ease attach) | Read Good | Fair | Excellent | Write Good | Fair | Excellent | Speak | Fa |
| other tongue aglish her TOEFL Score | Excellent ease attach) | Read Good | Fair | | Write Good | Fair | Excellent | Speak | |
| other tongue nglish her nglish Proficiency Test* (ple | Excellent ease attach) | Read Good | Fair | Excellent | Write Good | Fair | Excellent | Speak | |

| SUPPORTING DOCUMENT | 'S | |
|--|---|---|
| Transcript (s) | | |
| | | |
| Letter of Recommendati | ion | |
| | | |
| pame | title | institution/company |
| | | mstruction/company |
| name | | |
| | title | institution/company |
| | | |
| name | | |
| name | title | institution/company |
| Medical Certificate | | |
| Others (Please specify) | | |
| outers (Frease specify)_ | | |
| consideration. I hereby certify that admission requirements and all in | | automatically ineligible for application d qualifications are in accordance with the a this form is true. |
| | 4 | Applicant's Signature |
| | | |
| | | Date |
| Duly completed application | n form should be f | |
| | | |
| The Chulabhorn Gr | raduate Institute | orwarded to: |
| | raduate Institute t 6 Road, Talat Bar | orwarded to: |
| The Chulabhorn Gr 906 Kamphangphet | raduate Institute t 6 Road, Talat Bar | orwarded to: |
| The Chulabhorn Gr 906 Kamphangphet Laksi, Bangkok 102 | raduate Institute t 6 Road, Talat Bar 210 | orwarded to: |

Medical History and Report

| Name of Nominee |
|--|
| CountryAge |
| *Physical Examination (To be filled in by physician) |
| Present Status |
| Height Cms. Weight kgs. Blood Pressure mm.Hg. Pulse /mir |
| 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 malaria |
| WBC Cells/cu.mm. |
| Differential PMN % Lymp % Mono % Eos % |
| Baso % Band % Blast % |
| Urinalysis : Colour Sp. Gr pH Sugar |
| Alb |
| Micro: WBC/HPF.,RBC/HPF.,Epethelial/HPF. |
| Casts/ HPD., Others |
| Stool examination for parasite & Ova |
| Chest X – Ray report |
| Urine pregnancy test |

Field of Study

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

Scholarship Coverage

The scholarship will cover tuition and other academic fees, round trip airfare, 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 2020 while the academic program will commence in August 2020.

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 scan file of the application form and all the supporting document to:

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

(2) After step (1) 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.

| Check each item in | appropriate o | column | |
|----------------------|---------------|----------|---|
| Item | Normal | Abnormal | Additional comment |
| General | | | |
| Skin, Scalp | | | |
| Lymph nodes | | | *************************************** |
| Eyes | | | ••••• |
| Ears | | | |
| Otoscopic Exam | | | |
| Nose | | | |
| Pharynx & tonsils | | | |
| Teeth | | | |
| Thyroid gland | | | |
| Lungs | | | |
| Heart | | | |
| Abdomen | | | |
| Liver | | | |
| Spleen | | | |
| Hernia | | | |
| External genitalia | | | |
| Rectal exam. | | | |
| Vertebrae | | | |
| Locomotor | | | |
| Reflexes | | | |
| Mental health status | | | |

| Is the nominee able physically and m | entally to carry on intensive study away from home? |
|---|---|
| | |
| Is the nominee free from infectious di | iseases (such as tuberculosis, leprosy, syphillis and |
| filariasis) and other conditions (such risks for anyone during the fellowship | as psychosis and drug addiction) which could present |
| | |
| 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 |
| | |