

বিজ্ঞপ্তি

Thai-Bangladesh Human Resource Development Programme এর আওতায় নিম্নবর্ণিত Master Degree Programme-সমূহে অংশগ্রহণের জন্য পাঠ্য বর্ণিত মন্ত্রণালয়ে কর্মরত কর্মকর্তাবৃন্দের নিকট থেকে দরখাস্ত আহবান করা যাচ্ছে:

ক্রঃ নং	কোর্সের নাম	মন্ত্রণালয়/বিভাগ
১.	Master Degree in Agriculture	কৃষি মন্ত্রণালয়/মৎস্য ও প্রাণি সম্পদ মন্ত্রণালয়
২.	Master Degree in Public Health	স্বাস্থ্য ও পরিবার কল্যাণ মন্ত্রণালয়
৩.	Master Degree in Tourism	মুক্তিযুদ্ধ বিষয়ক মন্ত্রণালয়/বেসামরিক বিমান পরিবহন ও পর্যটন মন্ত্রণালয়
৪.	Master Degree in Education	শিক্ষা মন্ত্রণালয়
৫.	Master Degree in Economics	জনপ্রশাসন মন্ত্রণালয়/বাণিজ্য মন্ত্রণালয়
৬.	Master Degree in Engineering	সড়ক পরিবহন ও মহাসড়ক বিভাগ
৭.	Master Degree in Environment	বন ও পাট মন্ত্রণালয়/পরিবেশ ও বন মন্ত্রণালয়

২। আলোচ্য প্রোগ্রামে আবেদনের জন্য নিম্নবর্ণিত যোগ্যতা থাকতে হবে:

- Be in good health, both physically and mentally
- Possess at least a Bachelor's degree which is related to the applying course and obtain a cumulative GPA at least 3.00
- Have good command on written and spoken English
- Be endorsed by the applicant's working agency or company and nominated by Bangladesh Government.

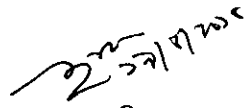
৩। যোগ্য আগ্রহী কর্মকর্তাবৃন্দকে নিম্নবর্ণিত কাগজপত্রসহ আগামী ০২/০৬/২০১৫ তারিখের মধ্যে নিয়ন্ত্রণকারী কর্তৃপক্ষের মাধ্যমে জনপ্রশাসন মন্ত্রণালয়ের বিদেশ প্রশিক্ষণ শাখায় আবেদন পত্র দাখিলের জন্য নির্দেশক্রমে অনুরোধ করা হল:

- Three copies of TICA Application Forms (typed only), with three photographs
- Two letters of recommendation
- Three copies of official transcripts of studies (mark sheets) in English
- Three copies of degree certificates in English
- Document showing current TOEFL score (of 500 or higher) or other English language proficiency tests (e.g. IELTS)
- Health Certificate
- Copy of applicant's passport (if possible).
- Proposal on desired field of study.

৪। বিলম্বে প্রাপ্ত বা অসম্পূর্ণ আবেদন সরাসরি বাতিল বলে গণ্য হবে। কোর্সের মেয়াদ ১-২ বছর এবং এর যাবতীয় ব্যয়ভার রাজকীয় থাই সরকার কর্তৃক বহন করা হবে।

সংযুক্ত: (১) আবেদন ফরম

(২) TICA Application form.


ড. আবদুল হামিদ
উপসচিব
ফোন: ৯৫৭৪৪২৬

কর্মকর্তার তথ্যাবলী:

০১।	নাম ও পরিচিতি নম্বর		
০২।	পদবী ও বর্তমান কর্মস্থল		
০৩।	ক্যাডারের নাম ও ব্যাচ নং		
০৪।	জন্ম তারিখ ও বয়স		
০৫।	চাকুরিকাল		
০৬।	শিক্ষাগত যোগ্যতার বিবরণ (সকল)		
০৭।	জানুয়ারি ০১, ২০১২ হতে বিদেশ প্রশিক্ষণ/ ভ্রমণের বিবরণ		
০৮।	মোবাইল নম্বর, ই-মেইল এড্রেস		
০৯।	অফিসিয়াল পাসপোর্ট নম্বর ও মেয়াদ		

নিয়ন্ত্রণকারী কর্তৃপক্ষের সুপারিশ
স্বাক্ষর ও সীল

আবেদনকারী কর্মকর্তার স্বাক্ষর ও সীল



Ministry of Foreign Affairs
Thailand International Development Cooperation Agency (TICA)
 Government Complex, Building B (South Zone), 8 th Floor,
 Chaengwattana Road, Bangkok 10210, Thailand
 Tel. 66 2203 5000 ext. 42710 Fax 66 2143 9330
 Email: tica@mfa.go.th Website: www.tica.thaigov.net

FELLOWSHIP APPLICATION FORM

INSTRUCTIONS

This application form is composed of five parts (part A to part E) and should be completed in triplicate. Part A to part D should be completed by the candidate and part E by the government authority. All parts must be filled in typewritten form. Each question must be answered clearly and completely. Detailed answers are required in order to make the most appropriate arrangements. Official authority of the nominating Government will then forward three copies of the certified application forms to the Thailand International Development Cooperation Agency (TICA), Government Complex, Building B (South Zone), 8th Floor, Chaengwattana Road, Bangkok 10210, Thailand, through the Royal Thai Embassy in the nominating country. The nominee is required to attach medical report or health status certification. No consideration will be given to the late submissions or incomplete applications/documents.

(Please attach
photograph here)

Course Name: _____

A. PERSONAL HISTORY

Title	Family name (as shown in passport and kindly attach the copy of your passport, information will be used for travel arrangement)	Middle name	Given name	Sex	
<input type="radio"/> Mr. <input type="radio"/> Mrs. <input type="radio"/> Ms.				<input type="radio"/> Male <input type="radio"/> Female	
City and country of birth	Nationality	Date of birth (DD/MM/YY)	Age	Marital Status	Religion
Work address (Please complete this section as clear as possible, information will be used for travel arrangements.)			Home address (Please complete this section as clear as possible, information will be used for travel arrangements.)		
Fax No: (Country Code / Area Code / Number)			Telephone No: Fax No: International Airport/City for departure:		
Update email address:					
Name and address of person to be notified in case of emergency:					
Telephone No:			Relationship of this person to you:		

Languages :	READ			WRITE			SPEAK		
	Excellent	Good	Fair	Excellent	Good	Fair	Excellent	Good	Fair
Mother tongue:									
English:									
Other:									

English Proficiency Test (please attach)
(only a candidate for a degree course)

TOEFL Score IELTS Score.....
 Other (specify)

EDUCATION RECORD

Education Institution	City / Country	Years Attended		Degrees, Diplomas and Certificates	Special fields of study
		From	To		

Have you ever been trained in Thailand? If yes, what course, where and for how long?

For a candidate for a degree course, please give a list of relevant publications/researches (do not attach details)

B. EMPLOYMENT RECORD: It is important to give complete information. For each post you have occupied, give details of your duties and responsibilities.

Present or most recent post: Dates from _____ to _____	Description of your work, including your personal responsibilities
Title of your post:	
Name of organisation:	
Type of organisation:	
Official address:	
Previous post: Dates from _____ to _____	Description of your work, including your personal responsibilities
Title of your post:	
Name of organisation:	
Type of organisation:	
Official address:	

CC

C. EXPECTATIONS

Please describe the practical use you will make of this training/study on your return home in relation to the responsibilities you expect to assume and the conditions existing in your country in the field of your training.
(give the attached paper, if necessary)

D. REFERENCES (only a candidate for a degree course please attach the recommendation letters from two persons acquainted with your academic and professional experiences.)

I certify that my statements in answer to the foregoing questions are true, complete and correct to the best of my knowledge and belief.

If accepted for a training award, I undertake to:-

- (a) carry out such instructions and abide by such conditions as may be stipulated by both the nominating government and the host government in respect of this course of training;
- (b) follow the course of training, and abide by the rules of the University or other institutions or establishment in which I undertake to train;
- (c) refrain from engaging in political activities, or any form of employment for profit or gain;
- (d) submit any progress reports which may be prescribed;
- (e) return to my home country promptly upon the completion of my course of training.

I also fully understand that if I am granted a fellowship award, it may be subsequently withdrawn if I fail to make adequate progress or for other sufficient cause determined by the host Government.

Signature of applicant:

Printed name:

Date:

E. GOVERNMENT AUTHORISATION: To be completed by the nominating Government or the agency from whom the nomination has been invited.

I certify that, to the best of my knowledge,

- (a) all information supplied by the nominee is complete and correct;
- (b) the nominee has adequate knowledge and experience in related fields and has adequate English proficiency for the purpose of the fellowship in Thailand.

On return from the fellowship, the nominee will be employed in the following position:

Title of post

Duties and responsibilities.....

.....
Signature of responsible Government official

Official stamp:

Title:

Organisation:

Official address:

.....
Date:

Attachment

MEDICAL REPORT

Name of Nominee	Age:	Sex:
Country		

Physical Examination (To be filled in by physician)

Height	Cms.	Weight	kgs.	Blood Pressure	mm.Hg.	Pulse	/min.
Vision	Right	Left		Eyes		With glasses / Without glasses	

Check each item in appropriate column

Items	Normal	Abnormal	Additional Comments
General	<input type="radio"/>	<input type="radio"/>
Skin, Scalp	<input type="radio"/>	<input type="radio"/>
Lymph nodes	<input type="radio"/>	<input type="radio"/>
Eyes	<input type="radio"/>	<input type="radio"/>
Ears	<input type="radio"/>	<input type="radio"/>
Otosopic Exam			
Nose	<input type="radio"/>	<input type="radio"/>
Pharynx & tonsils	<input type="radio"/>	<input type="radio"/>
Teeth	<input type="radio"/>	<input type="radio"/>
Thyroid gland	<input type="radio"/>	<input type="radio"/>
Lungs	<input type="radio"/>	<input type="radio"/>
Heart	<input type="radio"/>	<input type="radio"/>
Abdomen	<input type="radio"/>	<input type="radio"/>
Liver	<input type="radio"/>	<input type="radio"/>
Spleen	<input type="radio"/>	<input type="radio"/>
Hernia	<input type="radio"/>	<input type="radio"/>
External genitalia	<input type="radio"/>	<input type="radio"/>
Rectal exam.	<input type="radio"/>	<input type="radio"/>
Vertebrae	<input type="radio"/>	<input type="radio"/>
Locomotor	<input type="radio"/>	<input type="radio"/>
Reflexes	<input type="radio"/>	<input type="radio"/>
Mental health status	<input type="radio"/>	<input type="radio"/>

LABORATORY EXAMINATIONS

Blood group Blood film for malaria Hb gm%

WBC Cells/cu.mm.

Differential PMN % Lymp % Mono % Eos %

Baso % Band % Blast %

Urinalysis: Colour Sp. Gr pH Sugar

Alb Blood Ketones Blie.....

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

Casts/HPD., Others

Stool examination for parasite & Ova

Chest X - Ray report

Urine pregnancy test

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 Physician signature M.D.

Examining physician (printed) (.....)

Date.....