



CHULABHORN
ROYAL ACADEMY

Chulabhorn Graduate Institute

CRA 003(1)/64

April 29, 2022

H.E. Mrs. Colonne Appuhamillage Chaminda Inoka Colonne
Ambassador Extraordinary and Plenipotentiary
The Embassy of the Democratic Socialist Republic of Sri Lanka
Ocean Tower 2, 13th Floor,
75/6-7 Sukhumvit Soi 19,
Klong Toei Nuea, Watthana,
Bangkok 101

Subject: The Chulabhorn Graduate Institute Post Graduate Scholarship

Excellency,

We have the honor to inform Your Excellency that The Chulabhorn Graduate Institute, 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 greatly appreciate Your Excellency cooperation in conveying the aforementioned information to Your Excellency government and invite relevant organizations to nominate up to 5 candidates for the study programs. Attached herewith are the announcement, application form and other related documents.

Please accept, Excellency, the renewed assurance of my highest consideration.

Somsak Ruchirawat

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

Enclosure: As stated

Chulabhorn Royal Academy is the government agency, established by Chulabhorn Royal Academy ACT. BE. 2559.

under the direct supervision of the Prime Minister of Thailand.
54 Kamphaeng Phet 6 Rd., Talat Bang Khen, Lak Si, Bangkok, 10210, THAILAND

Phone: +66 2554 1900 Fax: +66 2554 1991 www.cgi.ac.th

2/13



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

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.

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



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	

6/13

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: 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)

8/13

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

9/13

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>

Medical History and Report

Name of Nominee Age

Country.....

***Physical Examination (To be filled in by physician)**

Present Status

Height Cms. Weightkgs. Blood Pressuremm.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

~~11~~
13

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)

.....
.....
.....
.....
.....

Physician signatureM.D.

(.....)

Date

13
13