



Thailand International Cooperation Agency Ministry of Foreign Affairs of Thailand

APPLICATION FORM for Annual International Training Course (AITC) Programme

INSTRUCTIONS	
The AITC application form is composed of four parts. Part A to part C must be	
completed by candidate and part D by central government agency*. All fields are	
mandatory. Application form must be filled in typed-block letter. The nomination	
must be supported by this application form and medical report. Two (2) copies of	(Please
originals of all documents duly filled out, counter-signed and stamped by	(1.10000
the authorized person must be submitted to TICA through the Royal Thai	attach
Embassy/ Permanent Mission of Thailand to the United Nations/ Royal Thai	
Consulate-General accredited to eligible countries/territories. Originals of	
nomination documents, duly filled out, must be received no later than a specified	
deadline of each course. Soft file of this application form can be downloaded at	
http://www.tica.thaigov.net * For detailed information on nomination process,	
please see "Guideline for AITC"	
Course Name:	
Could Hallo.	

A. PERSONAL HISTORY (Please attach a copy of your passport)

Title	Fami	ly name		Given na	ame		Other na	ame	Gender
o Mr. o Ms. o Mrs. o									o Male o Female
City and co	untry of birth	Nationality		Date of birth (DD/MM/YY)			Age	Marital Status	Religion
				(DD/	IVIIVI/ I			Status	
Work address: Telephone No: (Country Code / Area Code / Number)			Home ad		Count	try Code / A	rea Code /	Number)	

Email address:									
Preferred International Ai	rport of depa	rture/arr	rival :						
Contact person in case of Name:	emergency:	Rel	ationshin	of this perso	n to vou				
Telephone No:	1 1 1								
LANGUAGE									
English proficiency		Read		7	Write			Speak	
	Excellent	Good	Fair	Excellent	Good	Fair	Excellent	Good	Fair
Mother tongue:							l		
EDUCATION									
Name of Institution	City / Country		Years attended		Degrees, Diplomas		nlomas	Special fields	
Name of institution			From	То	and Certificates of s				
Have you ever been traine	ed in Thailan	d? If yes	s, please s	pecify cours	e name a	ınd dura	ation.		
o No		-	•						

o Yes, please specify

B. EMPLOYMENT (Important to give complete information)

Employee	Period (from-to)	Title of Position	Duties and Responsibilities

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Please describe your present work/responsibilities	and the practical use you will make of this training/study on
your return home in relation to the responsibilities	you expect to assume. (attach paper, if necessary)

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 offered the training award, I undertake to :-

- (a) conduct myself at all time in a manner compatible with my responsibilities as a participant of the training course;
- (b) spend full time during the period of the programme as directed by TICA and training institution;
- (c) refrain from engaging in in political, commercial, or any other activities except those governed by the training programme;
- (d) submit a well-researched country report or any papers and make a prepared presentation as assigned;
- (e) accept the travel arrangements and the financial conditions relating to the fellowship provided by the Royal Thai Government
- (f) return to my home country upon the completion of my course of training.

Date:

Signature of candidate:
Printed name:

D. NOMINATION: To be completed by authorized person of the nominating agencies of the AITC eligible countries/territories. (See "Guideline for AITC" for detailed information on nomination.

I certify that; (a) The activities under this training will contribute to the specialization of the nominee. And in the case of a fellowship being granted to the nominee, full use would be made of the fellow's expertise in the field covered by her/his fellowship; (b) To the best of my knowledge, all information supplied by the nominee is complete and correct; (c) To the best of my knowledge, 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						
nl						
official						
Facsimile:						

MEDICAL REPORT					
INSTRUCTIONS To be completed in capital letters by a registered medical practitioner after thorough clinical and laboratory examination including x-ray of chest.					
Name of Nominee:	Age:	Gender:			
Nationality:					
1. Is the person examined at present in good health and able to work full time?	?				
2. Is the person examined able physically and mentally to carry on an intensive her/his duty station/home place?	e study progi	ramme away from			
3. Is the person examined free from infectious diseases which could present ri her/his contacts during the fellowships?	sks for both (the candidate and			
4. Does the person examined have any medical conditions which might requir fellowships?	e treatment d	luring her/his			
5. (For female nominee) Is the person examined pregnant?					
I certify that the person examined is medically fit to undertake a training course in Thailand.					
Physician signature (with stamp)					
Full name and address of examining physician:					
Place and Date:					
Telephone no.: Email:					