



## APPLICATION FORM

Please fill in **ALL SECTIONS** of the application form and send it to Mekong Institute on or before the published deadline.

### PERSONAL INFORMATION

**Full Name** (As shown in passport): \_\_\_\_\_ **Gender:**  Male  Female

**Birthdate** (Month/Day/Year): \_\_\_\_\_ **Nationality:** \_\_\_\_\_

**Passport/ID Number:** \_\_\_\_\_

**Date of Issue** (Month/Day/Year): \_\_\_\_\_ **Date of Expiry** (Month/Day/Year): \_\_\_\_\_

**Nearest International Airport:** \_\_\_\_\_

**Food Restriction(s)** (if any): \_\_\_\_\_

**Work Address:** \_\_\_\_\_

City: \_\_\_\_\_ Province/State: \_\_\_\_\_ Country: \_\_\_\_\_

**Home Address:** : \_\_\_\_\_

City: \_\_\_\_\_ Province/State: \_\_\_\_\_ Country: \_\_\_\_\_

**E-mail Address:** \_\_\_\_\_ **Contact Numbers:** \_\_\_\_\_

**Person to be Notified in Case of Emergency:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Contact Numbers:** \_\_\_\_\_

### EDUCATIONAL BACKGROUND

**Highest Educational Level Attained:**

Vocational/Non-degree  University Degree  Advanced/Postgraduate Degree

**Field of Study:**

Natural Sciences  Social Sciences  Environmental Sciences  Arts/Humanities  Others: \_\_\_\_\_

Name of University/School	Degree/Course	Years	Honors/Awards Received

**Have you attended any program of Mekong Institute before? If yes, please specify:**

\_\_\_\_\_

Languages Used	Reading Ability	Writing Ability	Speaking Ability
English	<input type="checkbox"/> Poor <input type="checkbox"/> Average <input type="checkbox"/> Good <input type="checkbox"/> Fluent	<input type="checkbox"/> Poor <input type="checkbox"/> Average <input type="checkbox"/> Good <input type="checkbox"/> Fluent	<input type="checkbox"/> Poor <input type="checkbox"/> Average <input type="checkbox"/> Good <input type="checkbox"/> Fluent
	<input type="checkbox"/> Poor <input type="checkbox"/> Average <input type="checkbox"/> Good <input type="checkbox"/> Fluent	<input type="checkbox"/> Poor <input type="checkbox"/> Average <input type="checkbox"/> Good <input type="checkbox"/> Fluent	<input type="checkbox"/> Poor <input type="checkbox"/> Average <input type="checkbox"/> Good <input type="checkbox"/> Fluent
	<input type="checkbox"/> Poor <input type="checkbox"/> Average <input type="checkbox"/> Good <input type="checkbox"/> Fluent	<input type="checkbox"/> Poor <input type="checkbox"/> Average <input type="checkbox"/> Good <input type="checkbox"/> Fluent	<input type="checkbox"/> Poor <input type="checkbox"/> Average <input type="checkbox"/> Good <input type="checkbox"/> Fluent

## PROFESSIONAL BACKGROUND

Title of Present or Most Recent Post: \_\_\_\_\_

Name of Organization: \_\_\_\_\_ Years in the Organization: \_\_\_\_\_

Type of Organization:

Government  Private company  Regional/International Organization  Others \_\_\_\_\_

Contact Numbers: \_\_\_\_\_ E-mail Address/Website: \_\_\_\_\_

Description of work/responsibilities: \_\_\_\_\_

### Previous Employment

Position	Organization/Office	Years	Brief Description of Work Duties and Responsibilities

## PROPOSED ACTION PLAN

Please briefly describe the **action plan** that you wish to implement upon your return to your home organization/country.

*To utilize and demonstrate the knowledge and skills from the training program, I am going to:*

## **CERTIFICATION**

*I certify that my statements in this application are true, complete, and correct.*

*If accepted for a learning program/workshop and/or scholarship, I will:*

- a. Carry out instructions and abide by conditions stipulated by the nominating government, scholarship sponsor, and Mekong Institute;*
- b. Follow the course learning schedule and abide by the rules of Mekong Institute;*
- c. Submit any progress reports, if requested;*
- d. Return to my home country promptly upon completion of the learning program/workshop; and*
- e. Not hold Mekong Institute responsible or liable for any act or occurrence reasonably outside of their control.*

*I also fully understand that to be granted this opportunity is an honor and privilege requiring the responsibility of dutifully representing my country and government.*

**Signature of Applicant over Printed Name:** \_\_\_\_\_

*Date:* \_\_\_\_\_

**Signature of Head of Organization over Printed Name:** \_\_\_\_\_

*Date:* \_\_\_\_\_

For applications and other inquiries, kindly contact Ms. Jutamas Thongcharoen ([jutamas@mekonginstitute.org](mailto:jutamas@mekonginstitute.org))

## **MEKONG INSTITUTE**

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