

F. No. 15-3/2020-ES.3
Government of India
Ministry of Education
Department of Higher Education
External Scholarship Division

Dated the 11 September 2020

NOTICE

The Chulabhorn Graduate Institute (CGI), Thailand is offering scholarships to Indian students under the Chulabhorn Graduate Institute Post-Graduate Scholarship Program for Non-ASEAN Applicants for the Academic Year 2021. The Scholarships are being offered to pursue a Master's Degree study at the CGI.

2. The Eligibility Criteria for applying to this Scholarship are as under:

- Applicant must be under the age of 30 years
- Applicant must hold a Bachelor's Degree with a cumulative GPA of at least 2.75 (on a 4.0 GPA Scale) in one of the following fields:
 - Sciences: Chemistry, Biology, Biological Sciences, Molecular Biology, Environmental Sciences
 - Medical Science: Medicine, Medical Technology
 - Pharmacy or Pharmaceutical Sciences
 - Applicants from other related fields are also welcome to apply
- Must have experience in Scientific laboratory research
- Must have demonstrated English proficiency, preferably on one of two recognized test of language proficiency (TOEFL, IELTS)
- Must provide a statement of purpose explaining their interests in the study

3. The Scholarship will cover the following fields of study:

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

4. Scholarship will cover tuition and other academic fees, round trip airfare, accommodation, monthly stipend, book allowance, health insurance and others.

5. The Scholarship award will cover 6 weeks refresher courses followed by a period of 2 years Master's Degree study, subject to an annual review of the scholar's satisfactory progress. Refresher courses will tentatively commence in June 2021 while the academic program will commence in August 2021.

6. Applicants must apply on the MHRD SAKSHA Portal (www.proposal.sakshat.ac.in/scholarship/)
The application window for this Scholarship is from 11 September 2020 to 15 October 2020.

7. The Applicants must have the following documents ready at the time of applying online for this scholarship on MHRD SAKSHAT Portal:

- Scanned Copy of the completely filled Chulabhorn Graduate Institute Post-Graduate Scholarship Program Scholarship Application Form (Copy Enclosed).
- Scanned Copy of Academic Documents like Class X Marksheet/Pass Certificate, Class XII Marksheet/Pass Certificate, Degree Certificate
- Scanned Copy of TOEFL/IELTS Certificate
- Scanned copy of proof of having experience in Scientific laboratory research
- Scanned copy of self attested statement of purpose explaining their interest in the study
- If percentage system is followed in your University/Institution, please provide scanned copy of your academic transcript.

N.B: Size of individual document should not exceed 1 MB.

8. 5 Applicants will be nominated by the External Scholarship Division, Ministry of Education to the CGI for the award of this scholarship. Criteria followed for nomination will be as follows:

“Priority for nomination would be given to candidates who have completed their last qualifying exam either from Institutes of National Importance (INI)/Central Universities (CU)/Centrally funded Technical Institutes (CFTI)/National Assessment and Accreditation Council (NAAC) accredited institutions.”

In case of tie, weightage would be given to the marks obtained in the last qualifying exam.

9. All Applicants must send the following documents by post to **the Under Secretary (Scholarship), Ministry of Human Resource Development, Department of Higher Education, West Block-1, 2nd Floor, Wing-6, R. K. Puram, New Delhi- 110066.** Documents to be posted include the following:

- Completely filled Application Form (in original)
- Full Academic Transcript
- Three Recommendation Letters
- Statement of Purpose explaining interest of study
- Medical History Report (Copy enclosed)
- Other supporting documents to facilitate application screening

The documents should reach the aforementioned address latest by 17 October 2020.

10. Queries may be directed to es3.edu@nic.in by email or at 011-26172492 by telephone.

Encl: As above

Kailash Chandra
(Kailash Chandra)

Section Officer (External Scholarship)



CHULABHORN
ROYAL ACADEMY
Chulabhorn Graduate Institute

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.**

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	

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)

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* (please attach)

☐ TOEFL Score

☐ IELTS Score

☐ Other (specify)

* Required Information

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. Weight kgs. Blood Pressure mm.Hg. Pulse /min.

Vision Right Left 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 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

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)

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.....

.....

Physician signatureM.D.

(.....)

Date