



CHULABHORN  
ROYAL ACADEMY

Chulabhorn Graduate Institute

CRA 003(1)/99

April 4, 2023

Dean  
Pharmacy Faculty, Gadjah Mada University  
Sekip Utara, Yogyakarta,  
Indonesia 55281

**Subject: The Chulabhorn Graduate Institute Post Graduate Scholarship**

Dear Sir/Madame,

We are pleased to inform you that The Chulabhorn Graduate Institute (CGI), for academic year 2024, 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 appreciate your cooperation in conveying the aforementioned information to relevant organizations and encourage interested applicants to apply for the scholarship. Attached herewith are the announcement, application form and other related documents.

Thank you for your cooperation.

Yours sincerely,

*Somsak Ruchirawat*

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

Enclosure: As stated



CHULABHORN  
ROYAL ACADEMY  
Chulabhorn Graduate Institute

## **Chulabhorn Graduate Institute Post-graduate Scholarship for Academic Year 2024**

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 Krom Phra Srisavangavadhana. 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 degree in Applied Biological Sciences: Environmental Health, Environmental Toxicology, and Chemical Sciences.

This year, 15 (fifteen) scholarships are available for international applicants (except Thai citizen) 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 2024 while the academic program will commence in August 2024.

## **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 scanned files of the application form and all the supporting documents to Email address: [cgi\\_academic@cgi.ac.th](mailto:cgi_academic@cgi.ac.th)

(2) After step (1) is completed, send all the original documents via postal service to postal address: Chulabhorn Graduate Institute (CGI Scholarship Program)  
54 Kamphangphet 6 Road, Talat Bang Khen, Laksi, Bangkok 10210 THAILAND

Note: No consideration will be given without original application form and 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 2023**.

## **Notification of the Award**

Successful applicants will be notified of the outcome by the CGI around January 2024.

## **Application Form**

CGI scholarship application form and medical history report can be found as the attachments also can be downloaded via this link: <https://www.cgi.ac.th/admissions/cgi-af-scholarship/>

## **For more information, please contact**

**Address:** Chulabhorn Graduate Institute  
54 Kamphangphet 6 Road, Talat Bang Khen, Laksi, Bangkok 10210 THAILAND  
**E-mail:** [cgi\\_academic@cgi.ac.th](mailto:cgi_academic@cgi.ac.th)  
**Website:** [www.cgi.ac.th](http://www.cgi.ac.th)  
**Tel No:** (66 2) 554-1900 ext. 2130,2138  
**Fax No:** (66 2) 554-1991



CHULABHORN  
ROYAL ACADEMY  
Chulabhorn Graduate Institute

Place  
Photograph  
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## 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	

**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

<b>Present or most recent post:</b> Employer:	<b>Previous post:</b> 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\* (MUST attach)**

TOEFL Score .....

IELTS Score .....

Other (specify)

**\* Required Information**



## SUPPORTING DOCUMENTS

Transcript (s)

Letter of Recommendation

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name	title	institution/company
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name	title	institution/company
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name	title	institution/company
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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

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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](mailto: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 ..... % Lymph ..... % 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**

<b>Item</b>	<b>Normal</b>	<b>Abnormal</b>	<b>Additional comment</b>
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"/>	.....
<b>Otoscopic Exam</b>			
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?

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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?

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Does the nominee have any condition or defect which might require treatment during the fellowship period?

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Full name and address of  
Examining physician (printed)

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Physician signature .....M.D.

(.....)

Date .....