

FACULTY OF MEDICINE SIRIRAJ HOSPITAL APPLICATION FOR EXTENSION OF FELLOWSHIP	LEAVE BLANK	photograph
	DATE RECEIVED	
	GRANT NUMBER	
	FINANCIAL SOURCE	
To be completed by the fellow (1 through 7)		
1. SUBJECT MATTER TO BE STUDIED		
2A. NAME Age.....year (Thai)..... (English)..... ...	4. PREVIOUSLY AWARDED FELLOWSHIP Length of time.....year.....month.....da y From.....Through... Financial source..... Granted amount: Baht.....	
2B. DEGREE..... ... Academic title..... 2C. DEPARTMENT AND DIVISION TELEPHONE..... ...	5. REQUESTED EXTENSION OF FELLOWSHIP Length of time.....year.....month.....day From.....Through..... Requested amount: Baht.....	

3. INSTITUTION AND COUNTRY (Where the proposed study will be carried out)..... 	6. TOTAL FELLOWSHIP (4+5) Length of time.....years.....month.....day Budget: Baht.....					
7. CERTIFICATION AND ACCEPTANCE. We, the undersigned, certify, that the statements herein are true and complete to the best of our knowledge, and accept, as to any grant awarded, the obligation to comply with Faculty of Medicine Siriraj Hospital, terms and conditions in effect at the time of the award.						
SIGNATURES	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%; padding: 5px;"> A. APPLICANT </td> <td style="width: 40%; padding: 5px;"> DATE </td> </tr> <tr> <td style="padding: 5px;"> B. HEAD OF DIVISION OR DEPARTMENT </td> <td style="padding: 5px;"> DATE </td> </tr> </table>		A. APPLICANT 	DATE 	B. HEAD OF DIVISION OR DEPARTMENT 	DATE
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B. HEAD OF DIVISION OR DEPARTMENT 	DATE 					
8. APPROVED BY FELLOWSHIP COMMITTEE <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Yes, as proposed <input type="checkbox"/> Yes, modified <input type="checkbox"/> No </div> <div style="text-align: right;">Date: _____</div>						
9. APPROVED BY <div style="text-align: right; margin-top: 10px;">-----Date :</div> <div style="text-align: center; margin-top: 10px;">Dean</div>						

BIOGRAPHICAL SKETCH

NAME	DEGREE(S)	ACADEMIC TITLE OR POSITION

DATE OF BIRTH	AGE	PLACE OF BIRTH	SEX [] Male [] Female
MARRITAL STATUS [] Single [] Married		NUMBER OF CHILDREN	PRESENT SALARY Baht...../ month

EDUCATION

NAME AND LOCATION OF INSTITUTIONS	CERTIFICATE S, DIPLOMAS, DEGREES.	YEAR CONFERRED	FIELD OF STUDY

HONOURS:

PROFESSIONAL EXPERIENCE (List year in order)

PREVIOUSLY AWARDED FELLOWSHIP.

From.....2009.....Through.....2010

Financial
source.....

Granted amount :
Baht.....259,800.....

Length of time
.....year.....month.....
day

From.....Through.....

Type of financial support.

[] Full support.
[] Partial support.

DESCRIPTION (ITEMIZED)	AMOUNT REQUESTED
1. Airplane fare 2. Stipend for living expenses formonths Amountper month Xmonths (In foreign monetary unit) 3. Supporting expense for study and examination allowances.	

Addresses :

.....

.....

.....Tel.

No.....

For a period of :year (s) Month (s)

.....days

From :Through :

.....

Budget granted (Itemized) :

.....

...

.....

...

.....

...

Total :

.....

PENDING FINANCIAL SUPPORT (If you have applied for financial support from other institutions or organizations and the result is pending, fill in the following form.

You may add this amount in the budget requested above. If your application is successful, you are liable to return or reduce it from your requested budget)

Names of Institutions

.....

.....

Or Organizations :

.....
.....

Addresses :

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

Tel. No.....

For a period of :year (s)month (s)
.....days

From :Through :

.....

Budget requested (Itemized) :

.....
....

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...

.....
... Total :

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OBJECTIVE OF PROPOSED EXTENSION OF STUDY
(Use extra sheets of paper)

A. Subject matter to be studied.

B. Institution and country where the proposed study will be carried out.

C. Summary of the progress of your study under the previously awarded fellowship.

D. Give the necessity of extension of the fellowship.