

ที่ กต ๑๕๐๔.๑/ เรียกใ

กระหน่วงการต่างประเทศ ศูนย์รู้าชการเฉลิมพระเกียรติฯ อาคาตรัฐประศาสนภักดี ขั้น ๘ ถนนใจ้งวัฒนะ เขตหลักสี่ กทม. ๑๐๒๑๐

อง สับวาคม ๒๕๕๔

เรื่อง ทุนรัฐบาลสิงคโปร์ร่วมกับรัฐบาลฝรั่งเศส

เรียน ปลัดกระทรวงการคลัง

- สิ่งที่ส่งมาด้วย ๑. รายละเอียดหลักสูตร
  - ๒. รายละเอียดเกี่ยวกับการสมัครขอรับทุน
  - ๓. รายละเอียดเกี่ยวกับผู้สมัครรับทุน
  - ๔. ใบสมัครทุนรัฐบาลสิงคโปร์

ด้วยรัฐบาลสิงคโปร์ร่วมกับรัฐบาลฝรั่งเคลเสนอให้ทุนแก่รัฐบาลไฟู่ย เพื่อส่งเจ้าหน้าที่เข้ารับ การฝึกอบรมหลักสูตร New Public Management ภายใต้ Singapore - France Third Country Training Programme (TCTP) ณ สาธารณรัฐสิงคโปร์ ระหว่างวันที่ ๓๐ มกราคม – ๓ กุมภาพันธ์ ๒๕๕๕ ดังรายละเอียด ตามสิ่งที่ส่งมาด้วย ๑

ล้ำนักงานความร่วมมือเพื่อการพัฒนาระหว่างประเทศ (สพร.) ผู้ระทรวงการต่างประเทศ พิจารณาแล้วเห็นว่าการฝึกอบรมดังกล่าว จะเป็นประโยชน์ต่อกระทรวงการคลัง โดยหลู้กสูตรได้กำหนดคุณสมบัติ ของผู้สมัครรับทุนว่าต้องเป็นเจ้าหน้าที่ระดับกลางถึงอาวุโล สพร. จึงกำหนดให้ผู้สมัครด้องเป็นข้าราชการ หรือเทียบเท่าข้าราชการระดับชำนาญการพิเศษขึ้นไป โดยได้รับการยกเว้นการทดสญุ่มภาษาอังกฤษ และขอให้ เสนอชื่อผู้สมัครรับทุนจำนวน ๒ ราย รายละเอียดเกี่ยวกับการสมัครขอรับทุน ข้อมูลผู้สู้มัครรับทุน และใบสมัคร รับทุนรัฐบาลสิงคโปร์ ตามสิ่งที่ส่งมาด้วย 🕳 🕳 ทั้งนี้ ขอให้ผู้สมัครกรอกข้อมูลในแบบฟอร์มดังกล่าว และ ส่งคืนให้ สพร. <u>ภายในวันที่ ๒๙ ธันวาคม ๒๕๕๔</u> ด้วย จะขอบคุณมาก

จึงเรียนมาเพื่อโปรดพิจารณา

ขอแสดงความนับถึก

(นางสาวสุชาคา ไทยบรรเทา)

รองผู้อำนวขการ รักษาราชการแทน

**ผู้อำนวอการสำนักงานความร่วมมือเพื่อการพัฒนาระหว่า**ผู้ประเทศ

ล้านักงานความร่วมมือเพื่อการพัฒนาระหว่างประเทศ ly7. 0 කතරක් අර00 ශ්වී ලක්කරක් ମିମ୍ମମୀ ଠ ଅବ୍ଟଳ କ୍ରାଥରେ ପ୍ରିଏ ଲବ୍ ମସ୍ତି କ୍ରେବ୍ର

# SINGAPORE - FRANCE JOINT SEMINAR "NEW PUBLIC MANAGEMENT" 30 JANUARY TO 3 FEBRUARY 2012

Jointly sponsored by the

#### MINISTRY OF FOREIGN AFFAIRS, SINGAPORE

and the

# MINISTRY FOR THE ECONOMY, FINANCE AND INDUSTRY MINISTRY FOR THE BUDGET, PUBLIC ACCOUNTS AND STATE REFORM, FRANCE

under the

#### SINGAPORE - FRANCE THIRD COUNTRY TRAINING PROGRAMME

to be conducted by the

#### CIVIL SERVICE COLLEGE, SINGAPORE

and

#### Adetef

#### Singapore Cooperation Programme

Singapore has provided technical assistance to other developing countries since the 1960s. As a country whose only resource is its people, Singapore believes that human resource development is vital for economic and social progress. Singapore itself has benefited from training provided by other countries and international organisations. Through the Singapore Cooperation Programme (SCP), Singapore can contribute to the development of other developing countries.

in 1992, the SCP was established, bringing together under one framework the various technical assistance programmes offered by Singapore. Through the SCP, the range and number of training programmes have increased to meet the needs of developing countries. Since 1992, Singapore has sponsored training courses and study visits for well over 75,000 officials from 170 countries. The SCP is managed by the Technical Cooperation Directorate of the Singapore Ministry of Foreign Affairs.

#### Adetef

Adetef, the international technical assistance agency of both the French Ministry for the Economy, Finance and Industry and the Ministry for the Budget, Public Accounts and State Reform, provides partner countries with the Ministry's expertise for economic development and institutional reform projects. Its legal status as a public interest group allows it to combine sound quality services with a highly flexible approach to international action.

Adeter provides many types of cooperation services and missions in emerging countries, countries in transition and developing countries, including advice, short-, medium- and long-term assistance, methodologies and educational engineering, audits, study visits, organisation of seminars, etc.

Adeters strength lies in its knowledge of the administrative systems of partner countries, adaptation to their needs and expectations and recognition of the policies pursued by intermational organisations.

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#### SINGAPORE COOPERATION PROGRAMME SINGAPORE - FRANCE THIRD COUNTRY TRAINING PROGRAMME GENERAL INFORMATION BROCHURE

Adeter's reputation for competence is fuelled by the excellence and international experience of the Minéfi experts assigned to its technical assistance programmes. Moreover, a network of top-flight consultants in France and a system of foreign offices enable Adetef to understand the many diverse aspects of each situation.

#### Civil Service College, Singapore

As a key strategic catalyst in initiating change and sustaining transformation within the Public Service, the Civil Service College (CSC) has played an important role in facilitating the learning process for public servants in Singapore since 1971.

Being part of CSC, CSC International serves as a one-stop contact point for international organisations interested in Singapore's public sector reform initiatives and management practices. Through the sharing of Singapore's best practices and experiences with overseas delegates, CSC International hopes to promote good governance, and generate goodwill and cooperation between different governments across the world. CSC International has substantial experience working with international agencies.

#### Course Objectives

The training program aims to identify best practices and to exchange views on the best way to enhance performance especially in the public finance sector. The course will provide an overview of both Singapore and France's experiences in public governance and administration. It explores Singapore and France's approaches to governance and policy-making, sharing various management tools that have been effectively used especially in the public sector, in the light of the more recent theories and practical debates. The course will also share some of Singapore and France's successes and "failures" public în governance administration, as well as the lessons that can be drawn from them.

#### Programme Outline

Topics to be covered:

#### A. Foundation and Frameworks: Singapore and France's Approaches to Good Governance

- A1. Thirty Years of Administrative Reform in France: Balancing Public Service Values and Efficient Economic Management
- A2. The French Experience of State Reform in Recent Years: General Review of the Main Aspects of Public **Policies**
- A3. Introduction to the Singapore Public Service:
  - Singapore's Approach to Governance
  - Structure of the Singapore Government
  - Forging a Whole-of-Government Mindset

#### Experiences Public Governance ĺň and Administration

- B1. Financial and Budgetary Processes:
- Program Budgeting and Transparency
- Result-oriented Budgeting and Measures of Performance
- Framework Control for Good Financial Management
- Good Procurement Practices.

#### B2. Human Resources Management and Development:

- Performance Management in the Public Service
- Training and Development Framework Recruitment & Selection in the Public Service
- Compensation & Benefits
- Rules of Professional Conduct
- B3. Main Areas of Internal Improvement:
- Financial and Accounting Standards
- Implementation of Internal Audits
- Rationalisation of Support-Functions
- Professionalization of Governance

#### B4. External improvement:

- Evolution of External Audits and Risk-Driven Approaches
- New Frameworks and Instruments for Communication with the Institutional Environment
- Relationships with Stakeholders
- Strategic Analysis and Surveillance

#### SINGAPORE COOPERATION PROGRAMME SINGAPORE - FRANCE THIRD COUNTRY TRAINING PROGRAMME GENERAL INFORMATION BROCHURE

C. Group Presentation by Participants, Discussions, Exercises and Relevant Learning Experiences

#### Training Methodology

Instruction methods include formal lectures, open discussions, group work, exercises, experiential activities and other interactive components.

Participants are encouraged to share their experiences, learning points and challenges.

#### Country Report

A country report presentation session will be scheduled in the course. Each participant is required to prepare a written report before he/ she comes to Singapore. More details will be provided to successful applicants in due course.

#### Duration

The duration of the course would be from 30 January to 3 February 2012.

#### **Invited Countries**

**ASEAN** member countries

#### Application Information

Applicants should be:

- Middle to senior level public service officials (Deputy Head and above)
- Nominated by their Governments
- Proficient in written and spoken English (course is conducted fully in English without translation)
- Below 50 years of age
- In good health

#### Terms of Award

This course is sponsored by the Governments of Singapore and France under the Singapore - France Third Country Training Programme. Under this programme, the Governments of Singapore and France will bear the following expenses for

successful applicants, thereafter known as "participants" during the training in Singapore. These expenses include:

- An economy class, round-trip, air ticket between the respective international airports designated by the Ministry of Foreign Affairs, Singapore:
- A daily training allowance of Forty Singapore Dollars (S\$40) to be given to cover for meals and daily expenses from the first day to last day of the course. (Complimentary breakfast is provided in the hotel from the first day to one day after the seminar.) A proportionate reduction in the daily
- training allowance will be made if you are unable to attend the full duration of the seminar;
- Transportation to the course venue and site visits;
- Training fees, including lecture fees, administrative fees, and teaching materials;
- Medical insurance for participants to coveraccident and hospitalisation during their stay in Singapore in accordance with the policy of a local insurance company; and
- Accommodation for the entire duration of the seminar.

#### Note:

- (i) Participants are advised to have some money for miscellaneous expenses that might be incurred prior to receiving the allowance.
- (i) Out-patient medical dental treatment expenses will not be covered under the medical insurance scheme.

#### Regulations

Participants are required to comply with the following:

- (a) To strictly observe course schedules and not to change training subjects;
- (b) Not to bring any member of their family for the duration of the course;
- (c) To carry out such instructions and abide by such conditions as may be stipulated by the nominating Government or the Government of Singapore, in respect to the course;
- (d) To refrain from engaging in political activities, or any form of employment for profit or gain while in Singapore;

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#### SINGAPORE COOPERATION PROGRAMME SINGAPORE - FRANCE THIRD COUNTRY TRAINING PROGRAMME GENERAL INFORMATION BROCHURE

- (e) To return to their respective home countries on completion of the course; and
- (f) To discontinue the course, in the event they fall seriously ill and are considered unable to continue the training or have committed an improper act.

#### **APPLICATION PROCEDURES**

(Closing date of nomination: 15 December 2011)

The Governments of Singapore and France are pleased to invite the respective National Focal Points for Technical Assistance to nominate up to two (2) suitable applicants for consideration. Selection of candidates for the limited number of training awards will be based on merit.

All applications are to be carried out by the respective Government Institutions, using the official Application Form. The Application Forms should be printed or typed, and in black ink.

The completed application forms are to be submitted and should reach the Singapore and French Embassies in the nominating country through the National Focal Point not later than 9 December 2011.

#### Note:

For Vietnam, the French contact is Adetef Vietnam Hanoi - 59 Ham long - Hoan Kiem Tel :00 84 439 44 72 55

Fax :00 84 439 44 72 55

After reviews by the Embassies in the nominating country, the application forms would be forwarded to the Ministry of Foreign Affairs, Singapore and the French Embassy in Singapore (Regional Economic Department and Adetef).

Please address the forms to:

The Director
Technical Cooperation Directorate
Ministry of Foreign Affairs
Tanglin
Singapore 248163

Attn: Ms Chen Pingxuan

DID: (65) 6379-8472 Fax: (65) 6479-3357

Email: chen\_pingxuan@mfa.gov.sg

#### And

Head of the Regional Economic Department
Embassy of France in Singapore
101-103 Cluny Park Road
Singapore 259595

Attn: Ms Amandine Afota

DID: (65) 6880 7882 Fax: (65) 6880 7880

Email: amandine.afota@dgtresor.gouv.fr

- To expedite the process, a copy of the completed application forms can be faxed to the Ministry of Foreign Affairs, Singapore at Fax (65) 6479 3357 and at the French Embassy in Singapore at Fax (65) 6880 7880. The hardcopy can be mailed through diplomatic or normal channels.
- All application forms should be completed in full and <u>must</u> bear the endorsement of the respective Ministry of Foreign Affairs or National Focal Point responsible for technical assistance.
- Incomplete application forms or forms which are not endorsed will not be accepted.
- Applicants should refrain from making telephone, fax and email inquiries on the status of their applications.
- The Ministry of Foreign Affairs, Singapore will inform all applicants of the outcome of their applications. Their National Focal Point will also be informed directly or through our diplomatic representations in the nominating country.

#### INFORMATION ON SINGAPORE.

For more information about Singapore, please visit the Singapore Tourism Board website at http://www.visitsingapore.com

NEW PUBLIC MANAGEMENT 30 JANUARY TO 3 FEBRUARY 2012 ั แบบพิมพ์ทุน 2 สำนักงานความร่วมมือเพื่อ การพัฒนาระหว่างประเทศ

|     |          | <u>รายละเอียดเกี่ยวกับการสมัครษอรบทุน</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                |
|-----|----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|
| ينع |          | New Public Management                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                |
| 201 | ยหลาเ    | gos Treat to the second |                                                |
|     |          | วิธีการเลนอชื่อผู้สมัครขอรับทุน คุณสมบัติของผู้สมัครขอรับทุน หลักเกณฑ์การคัดเลือก                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | ผู้สมัดรขอรับทุน                               |
| пя  |          | ารพิจารณาให้ทุน จะต้องเป็นไปตามหลักเกณฑ์และวิธีการ ดังนี้                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                |
| 1.  | <u> </u> | <u>การเสนอชื่อผู้สมัครขอรับทุน</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | ାର୍ଣ୍ଣ କଥାଚନ କଥାଚନ                             |
|     | 1.1      | หน่วยงานที่ได้รับการจัดสรรจะต้องมีหนังสือเสนอชื่อผู้สมัดรขอรับทุน พร้อมทั้งส่งแบบพื                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 17-18-                                         |
|     |          | เกี่ยวกับผู้สมัครรับทุน (แบบพิมพ์ทุน 1) ที่ติดรูปถ่ายขนาด 1 นิ้ว หรือ 2 นิ้ว จำนวน 1 รู                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 22.7c                                          |
|     |          | สำนักงานความร่วมมือเพื่อการพัฒนาระหว่างประเทศ ภายในวันที่ <b>เ</b> ต็ ซี                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1         |
|     |          | ในกรณีที่จำเป็นให้แจ้งรายชื่อและรายละเอียดของผู้สมัครขอรับทุนได้ทางโทรศั                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | กก แกลทอย<br>วังสือเสนาสือ                     |
|     |          | โทรลารเป็นการล่วงหน้า ทั้งนี้ <u>สำนักงานขจะไม่อนุญาตให้ผู้สมัครขอรับทุนที่ไม่มี</u> เ                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 1900 USP 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |
|     |          | <u>จากหน่วยงานเข้ารับการทดสอบภาษาอังกฤษ</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | d v v                                          |
|     | 1.2      | จำนวนผู้สมัครขอรับทุนที่ได้รับการเสนอชื่อจะต้องไม่เกิน 👤 ราย ในกรณีที่หน่ว                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | ELLINEAN DADMAN                                |
|     |          | ขอรับหุนมากกว่าจำนวนที่ได้กำหนดไว้ข้างต้น สำนักงานขอะพิจารณาดัดเลือกบุคคลที่                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | เครยการเลนอชอ<br>                              |
|     |          | (รียงตามลำดับที่ปรากฏในหนังสือเสนอชื่อจากหน่วยงานตามจำนวนที่กำหนดไว้ข้างตันเ<br>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | ทานน <u>บุคคุลทบรากฏ</u>                       |
|     |          | ชื่ออยู่ในลำดับหลังซึ่งเกินจำนวน <u>ที่กำหนดไว้ สำนักงานฯไม่อาจพิจารณาให้เป็นผู้</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <u>สมัครขอรับทุนเด</u>                         |
|     | 1.3      | ให้ผู้ที่ได้รับการเสนอชื่อไปเข้ารับการทดสอบภาษาอังกฤษ ณ <u>สถาบันการต่างประเทศเ</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ทา <u>ะวงสำโรปการ</u>                          |
|     |          | ศูนย์ราชการเฉลิมพระเกียรดิฯ อาคารรัฐประศาสนกักดี (B) ชั้น 7 (ลิฟท์ – โชน E 2)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | กนนแจ้งวัฒนะ                                   |
|     | •        | ในวันที่ - เกอ์ 2 การการการการการการการการการการการการการก                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | รทุดสอบ หมายเลขที่นั่ง                         |
|     |          | และห้องสอบก่อนเวลาทดสอบ โดย <u>น้ำบัตรประจำตัวข้าราชการ/ พนักงานหรือบัตร</u> า                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <u>ระจำตัวประชาชนไป</u>                        |
|     |          | แสดงต่ <u>อเจ้าหน้าที่ในวันทุดสอบด้วย</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 1 1                                            |
| 2.  | คณส      | <u>เมษัติของผู้สมัครขอรับทุน</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                |
|     |          | ก. สำหรับผู้ที่เป็นข้าราชการ                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                |
|     |          | <ul> <li>ผู้สมัครขอรับทุนจะต้องเป็นข้าราชการพลเรือนทั้งแต่ระดับปฏิบัติการ ขึ้นไปหรือเ</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | ทียบเท่า หรือมีคุณสมบัติอื่น ๆ                 |
|     |          | ตามที่กำหนดไว้ในระเบียบว่าด้วยการให้ข้าราชการไปตึกษา ฝึกอบรม และดูง                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | าน ณ ต่างประเทศ (กขต.)                         |
|     |          | <ul> <li>จะต้องได้รับการบรรจุเป็นข้าราชการหรือโอนมาปฏิบัติงานในหน่วยงานที่เสนอ</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | ชื่อสมัดรรับทุนแล้วไม่น้อย                     |
|     |          | กว่า 1 ปี <u>นับถึงวันปิดรับสมัครของสำนักงานข</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                |
|     |          | ข. สำหรับพนักงานรัฐวิสาหกิจ องค์กรมหาชน และหน่วยงานเอกชน                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | ·                                              |
|     |          | - จะต้องปฏิบัติงานหรือโอนมาปฏิบัติงานในหน่วยงานที่เสนอชื่อสมัครรับทุนแล้ว                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | ไม่น้อยกว่า 1 ปี <u>นับถึงวัน</u>              |
|     |          | ปิดรับสมัครของสำนักงาน <u>ร</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                |
|     | 22       | ไม่อยู่ในระหว่างการสมัครขอรับทุนอื่นที่อยู่ในความดูแลของสำนักงานฯ [ทุนประเภท 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | (71)]<br> -                                    |
|     | 22       | กรณีเลยได้รับทุนประเภท 1 (ข) ไปศึกษา ณ ต่างประเทศ จะต้องกลับมาปฏิบัติงานแล้                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | ไม่ต่ำกว่า 2 ปี (ยกเว้น                        |
|     | 2.0      | อาจารย์ในมหาวิทยาลัย หรือสถาบันการศึกษาที่เทียบเท่ามหาวิทยาลัย ต้องกลับมาปฏิ                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | บัติงานแล้วไม่ต่ำกว่า 1 ปี)                    |
|     |          | และ <u>ในกรณีที่เคยได้รับทุนไปฝึกอบรม จะต้องกลับมาปฏิบัติงานแล้วไม่ต่ำกว่า 1</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | !<br>อีไ และกรณีที่เคยใต้รับทุน                |
|     |          | และ <u>เหการแท้เพียงสามากเล่นกราว 1 เดือน จะต้องกลับมาปฏิบัติงานแล้วไม่ต่ำ</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                |
|     |          | <del>-</del> '                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | ,                                              |
|     |          | ของสำนักงานฯ                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                |

<sup>3</sup>. 7

แบบพิมพ์ทุน 1 สำนักงานความร่วมมือเพื่อ การทัฒนาระหว่างประเทศ

### รายละเอียดเกี่ยวกับผู้สมัครรับทุน (โปรดกรอกรายละเอียดให้ละเอียดและตัวบรรจง)

ศิครูปถ่าย

| ส่วนที่ 1: แหล่งผู้ให้ทุน/หลักสูตร                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                  |                                          |                                         |                                         |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|------------------------------------------|-----------------------------------------|-----------------------------------------|
| ้แหล่งผู้ให้ทุน                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | .                | สำหรับเจ้าหน้า                           | ที่ล้ำนักงานเ                           | าวามร่วมมือ                             |
| ชื่อหลักสูตร/สาขา/ระยะเวลา                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                  | เพื่อการพัฒนา                            |                                         |                                         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                  | ได้ตรวจสอบ                               | 11                                      |                                         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | * { {            | ่ มีสิทธิ์ส                              | iī .                                    |                                         |
| . ยา กระเมษ                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                  |                                          |                                         | 2410461 FILIS ALL                       |
| ส่วนที่ 2: สังกัดของผู้สมัครรับทุน                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                  |                                          |                                         |                                         |
| ชื่อหน่วยงาน (ภาษาไทย)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                  | ***************************************  |                                         |                                         |
| (ภาษาอังกฤษ)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | ·*·**            | *******************                      |                                         |                                         |
| ที่อยู่ที่ติดต่อได้                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | *********        |                                          |                                         | ***********                             |
| แผนก/ฝ่าย/กอง                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                  |                                          | 8                                       |                                         |
| โทรศัพท์                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                  |                                          | 1                                       |                                         |
| โทรศัพท์ (บ้าน)โทรศัพท์                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <i>โ</i> (มือถืะ | 73                                       |                                         | *************************************** |
| บุคคลที่ผู้สมัครรับทุนประสงค์จะให้ติดต่อในกรณีเร่งด่วนชื่อ                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                  |                                          |                                         |                                         |
| ส่วน ที่ 3: ประวัติส่วนบุคคลและการศึกษา                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                  |                                          |                                         |                                         |
| ชื่อ (นาย/นาง/นางสาว)น                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | เามสกุล          |                                          |                                         |                                         |
| B. B. Carrier and C. |                  | е                                        |                                         | ********                                |
| ชื่อ/นามสกุลเดิม (ในกรณีที่มีการเปลี่ยนชื่อ/นามสกุล)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                  |                                          |                                         |                                         |
| ชื่อ (นาย/นาง/นางสาร)น                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | เวมหญิง          | -4<1-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4 | *************                           | *************                           |
| Name (Mr./Mrs./Miss)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Sumamo           | e                                        |                                         | **********                              |
| อายุเดือน (เกิดวันที่เดือ                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | i <b>u</b>       |                                          | <b>4</b>                                |                                         |
| สถานภาพสมรส : 🔲 โดด . 🔲 สมรส [                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ] อื่น           | J                                        | *************************************** |                                         |
| วุฒิการศึกษา/สาขา                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | **********       | <br>                                     | <u> </u>                                |                                         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                  |                                          |                                         |                                         |
| สถาบัน/ประเทศ                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                  |                                          |                                         |                                         |
| A None                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                  | ***************                          |                                         | ######################################  |
| คะแนนรวมซึ่งได้รับจากการศึกษาระดับปริญญาตรี (เฉพาะผู้ขอร์                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | กับทุนกา         | ารศึกษา)                                 |                                         | *************                           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                  |                                          |                                         |                                         |

- พลิกด้านหลัง -

# SINGAPORE COOPERATION PROGRAMME APPLICATION FORM

| Please type or write clearly in capital letters. Do not leave any space blank. Use "NIL" or "N/A" where applicable. |              |              |              |                 |                   |                          |            |               |          |                   |        |                                              |
|---------------------------------------------------------------------------------------------------------------------|--------------|--------------|--------------|-----------------|-------------------|--------------------------|------------|---------------|----------|-------------------|--------|----------------------------------------------|
| Programme:                                                                                                          |              |              |              |                 |                   |                          |            |               |          |                   |        | ACDX<br>nymembl                              |
| Course Title:                                                                                                       |              |              |              |                 |                   |                          |            |               |          |                   |        | hpropilitatiya<br>hprobiolatiya<br>n i manin |
| Course Dates:                                                                                                       |              |              |              |                 |                   |                          |            |               |          |                   |        | <b>i</b> nc) o                               |
| Applicant's                                                                                                         | Part         | icul         | ars          |                 |                   |                          |            |               |          | 7                 | **     | ,                                            |
| Salutation                                                                                                          |              | D            | t/Mt/Mt      | s/Ms/Other      | s (please s       | pecify)                  |            |               |          | 1                 |        |                                              |
| Family Name                                                                                                         |              |              |              |                 |                   |                          |            | •             |          |                   |        |                                              |
| Given Name                                                                                                          |              |              |              |                 |                   |                          |            |               |          | Š                 |        |                                              |
| Gende <del>r</del>                                                                                                  |              |              |              |                 |                   | Date o                   | f Birth    | (dd/men       | (YY)     | I                 |        |                                              |
| Marital Status                                                                                                      |              | Si           | ngle/Ma      | rried/Wido      | wed/Divo          | rced                     |            |               |          | 1                 |        |                                              |
| Nationality                                                                                                         |              |              |              |                 |                   |                          |            |               |          |                   |        |                                              |
| Representing the<br>Government of<br>(if different from na                                                          | tionality    | ,            |              |                 |                   | Dietary restrictions, if |            |               |          |                   |        |                                              |
| Ethnic Group                                                                                                        |              |              |              |                 |                   | Religio                  | m          |               |          |                   |        |                                              |
| Passport Number                                                                                                     |              |              |              |                 |                   | Passpo<br>(dd/mm/        | rt Expi    | ry Da         | <b>E</b> | T                 |        |                                              |
| Correspond  Country                                                                                                 |              |              |              | port. Applicant |                   | for proulsi              | es arising | from ne       |          | /Tow              |        | os istruci                                   |
| Postal Address                                                                                                      | <del> </del> |              | <del>_</del> | 4               |                   |                          |            |               | 014      | 77                |        | 1                                            |
| (Street,<br>House/Block,<br>Unit, etc)                                                                              |              |              |              |                 |                   | <u> </u>                 |            |               | Post     | at Co             | ie     |                                              |
| Contact De                                                                                                          | ails         |              |              |                 |                   |                          |            |               |          | The second second |        |                                              |
| Cou<br>Cod                                                                                                          |              | Ares<br>Code | Number       |                 |                   |                          |            | Count<br>Code |          | reat<br>ode       | Number |                                              |
| Mobile                                                                                                              |              |              |              |                 |                   | Home                     |            |               |          | Ì                 |        |                                              |
| Office                                                                                                              |              |              |              |                 |                   | Fax                      |            |               |          |                   |        |                                              |
| Primary<br>Email                                                                                                    |              |              |              |                 |                   | Second<br>Email          | ary        |               |          |                   |        |                                              |
| Person to be                                                                                                        | not          | ified        | l in ca      | se of e         | merge             | ncy                      |            |               |          | Paper Management  |        |                                              |
| Name                                                                                                                |              |              |              |                 | Relation          | ship                     |            |               |          |                   |        |                                              |
| Address                                                                                                             |              |              |              |                 | Contact<br>Number |                          | Countr     | y Code        |          | Area              | Zode _ | Number                                       |
| Address Email                                                                                                       |              |              |              |                 |                   |                          |            |               |          |                   |        |                                              |

NOTE: This application form should be duly completed and endorsed by the Ministry of Foreign Affairs or the National Focal Point for Technical Assistance in your country. Forms which are incomplete or not endorsed will not be accepted.

| Organisation                                                                                                     | Depart                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | ment                       | Design       | ation               | Na              | ture of Job    | Fron                                     | ). (dd/mm/yy) | To (dd/mm/yy)    |
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| Educational Qua<br>Attained                                                                                      | lification                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Education                  | onal Instit  | nation              | From (          | id/mm/yy)      |                                          | To (dd/m      | m/37)            |
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| Professional                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ications                   |              |                     |                 | Langua         |                                          |               |                  |
| Type of Qualification                                                                                            | OTI .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                            |              | Date At             | tamed           |                | 1 1                                      | lent, Good, F |                  |
|                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                            |              |                     |                 | Language       | ā                                        | poken         | Written          |
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| Previous Att                                                                                                     | endanc                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | ė                          |              |                     |                 |                |                                          |               |                  |
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| lave you previous!                                                                                               | y attended                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | any courses                | sponsore     | d under the         | ie Singaj       | pore Coopera   | tion                                     | Yes/No        |                  |
| Have you previous!<br>Programme? If yes,                                                                         | y attended                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | any courses                | sponsore     | d under the course( | ie Singaj<br>s) | oare Coopera   | tion                                     | Yes/No        |                  |
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| Have you previous!<br>Programme? If yes,<br>1.                                                                   | y attended                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | any courses                | sponsored    | d under the fourse( | ie Singaj<br>s) | oore Coopera   | tion                                     | Yes/No        |                  |
| Have you previous!<br>Programme? If yes,<br>1.                                                                   | y attended<br>picase stal                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | any courses<br>to the name | and date o   | of course(          | ie Singaj<br>s) | oore Coopera   | tion                                     | Yes/No        |                  |
| Have you previous! Programme? If yes,  1.  2.  Experience a                                                      | y attended picase statement picase statement at the pi | any courses the name i     | and date o   | of course(          | 3)              |                | tion                                     | Yes/No        |                  |
| Have you previous! Programme? If yes,  1.  2.  Experience a Please write briefly                                 | y attended please state please state and Tra                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | any courses the name       | and date of  | f course            | s)              | nents.         |                                          |               | chéd.            |
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| 26. DEC. 2011 | 9:25                                                  | TICA 022816385                                                                                                                                 | -                                                                                                                                                                                   | VO. 726                                                         | <sup>5</sup> . 10             |
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|               | APPLICAN                                              | IT'S DECLARATION                                                                                                                               |                                                                                                                                                                                     |                                                                 | •                             |
|               | 1,                                                    | Name of applicant                                                                                                                              | of                                                                                                                                                                                  | Representing Co                                                 | untry                         |
|               |                                                       | ••                                                                                                                                             |                                                                                                                                                                                     |                                                                 |                               |
|               |                                                       |                                                                                                                                                | mplete and accurate to the best of                                                                                                                                                  | my belief and kno                                               | wledge,                       |
|               | (b) I a                                               | I that I have not wilfully suppres<br>n medically fit and free from an<br>aplete the training in Singapore;                                    | y medical problems which thay it                                                                                                                                                    | npair my ability to                                             | attend and                    |
|               |                                                       |                                                                                                                                                | edical expenses incurred during n                                                                                                                                                   | y stay in Singapor                                              | e.                            |
|               | policies agains<br>pre-existing co<br>for all medical | t accidents while in Singapore. I<br>inditions/illnesses or any outpation<br>expenses beyond what is covered<br>advised to make their own arra | Group Personal Accident and Hos<br>The Group Hospital & Surgical In<br>ent medical/dental treatment. Part<br>of by the insurance policy. As the<br>ingements to obtain adequate med | surance does not c<br>icipants are person<br>coverage is limite | over any<br>ally liable<br>d, |
|               | (а) сапту                                             | ul selection for the training awar<br>out instructions and abide by suc<br>ating and host governments in r                                     | ch terms and conditions as may be                                                                                                                                                   | stipulated by the                                               | •                             |
|               | (b) abide<br>traine                                   | by the rules and regulations of fi<br>d under;                                                                                                 | he training institution in which I                                                                                                                                                  | indertake to study                                              | in or be                      |
|               | (d) refrain                                           | t/present any report which may<br>a from engaging in political activ<br>to my home country upon comp                                           | vities and any form of employmen                                                                                                                                                    | at for profit or gain                                           | <del>,</del>                  |
|               |                                                       |                                                                                                                                                | nd guilty of misconduct or be me                                                                                                                                                    | dically unfit.                                                  |                               |
|               | the above decla                                       |                                                                                                                                                | he terms and conditions of the tra<br>he award will be terminated with                                                                                                              |                                                                 |                               |
|               | or have to och                                        | we were cursolence or mil game.                                                                                                                | npower                                                                                                                                                                              |                                                                 |                               |
|               |                                                       |                                                                                                                                                |                                                                                                                                                                                     |                                                                 |                               |
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|               |                                                       |                                                                                                                                                |                                                                                                                                                                                     |                                                                 |                               |
|               | T                                                     | late                                                                                                                                           | Sig                                                                                                                                                                                 | i<br>instant of analicant                                       |                               |

NOTE: This application form should be duly completed and endorsed by the Ministry of Foreign Affairs or the National Focal Point for Technical Assistance in your country. Forms which are incomplete or not endorsed will not be accepted.

#### TO: GOVERNMENT OF THE REPUBLIC OF SINGAPORE

Dear Sir LETTER OF INDEMNITY In consideration of your allowing me to do my training with the relevant Government departments/statutory boards/institutions in Singapore, I, , of Passport Number of , hereby declare that I shall be personally liable for and shall indemnify the Government of the Republic of Singapore and (name of TCTP partner country or interpational organisation, if applicable) against all liabilities, claims, losses, demands, actions, suits, proceedings, costs or expenses whatsoever arising under any statute or common law which may be made or taken against the Government of the Republic of Singapore or incurred or become payable by the Government of the Republic of Singapore in respect of any medical illness, personal injury, (whether fatal or otherwise) to or the death of any person or in respect of any injury or damage whatsoever to any property, real or personal arising out of or in the course of or by reason of my carelessness or negligence, omission or default during my training with the relevant Government departments/statutory boards/institutions in Singapore. Dated this \_\_\_\_\_\_day \_\_\_\_\_\_\_ of 2011/2012 Signature of applicant Name of applicant in the presence of \_ Signature of witness Name and designation of witness

NOTE: This application form should be duly completed and endorsed by the Ministry of Foreign Affairs or the National Focal Point for Technical Assistance in your country. Forms which are incomplete or not endorsed will not be accepted.

### TO BE COMPLETED BY THE NOMINATING GOVERNMENT

## Applicant's Proficiency in the English Language

|                        | Excellent                        | Good             | Fair             | Basic        |                                              |
|------------------------|----------------------------------|------------------|------------------|--------------|----------------------------------------------|
| Spoken                 |                                  |                  |                  |              |                                              |
| Written                |                                  |                  |                  |              |                                              |
|                        | Fitness Level                    | ,                |                  |              |                                              |
|                        | Excellent                        | Good             | Fair             | Basic        |                                              |
| Health                 |                                  |                  |                  |              | <u>.                                    </u> |
| Reasons for            | applicant's sele                 | ection           |                  |              |                                              |
|                        |                                  |                  |                  |              |                                              |
| The post wh            | nich the application of training | nt will be requi | red to fill upor | satisfactory |                                              |
| The post wh            | nich the application of training | nt will be requi | red to fill upor | satisfactory | •                                            |
| The post wh completion | nich the application of training | nt will be requi | red to fill upor | satisfactory |                                              |
| completion             | of the course to                 |                  | red to fill upor | satisfactory | , ,                                          |
| completion             | of training                      |                  | red to fill upor | satisfactory |                                              |
| completion             | of training                      |                  | red to fill upor | satisfactory | ,                                            |

NOTE: This application form should be duly completed and cadorsed by the Ministry of Foreign Affairs or the National Focal Point for Technical Assistance in your country. Forms which are incomplete or not endorsed will not be accepted.

OFFICIAL DECLARATION

#### TO BE COMPLETED BY THE NOMINATING GOVERNMENT

| On behalf of the Government of                                                                                                                                                                                                                                                                                                                                                                                                                                           | , I,                                                                                                                                                                                                                                                            |                                                                                                                                                                                              |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| certify that:                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Nao                                                                                                                                                                                                                                                             | ne of official                                                                                                                                                                               |
| <ul> <li>(a) I have examined the educational, profeform and I am satisfied that they are aut</li> <li>(b) The applicant is medically fit and free physical and mental history, there is a undertake the journey to Singapore and</li> <li>(c) Should the nominee seek medical const would be personally liable for all med Group Personal Accident Insurance and</li> <li>(d) The applicant has attained a level of him/her to follow the course of study/tra</li> </ul> | hentic and relate to the applicant from infectious disease and the reason to suppose that the attoremain in Singapore for the dultation/treatment during his pelical expenses incurred, other the Group Hospital & Surgical Insurproficiency in both spoken and | t; nat, having regard to his/her applicant is other than fit to uration of training fied of stay in Singapore, he nan those covered under the urance policy; and d written English to enable |
| l nominate (Dr/Mr/Mrs/Ms/Others (Please state                                                                                                                                                                                                                                                                                                                                                                                                                            | ) *) (* (*                                                                                                                                                                                                                                                      | holding Passport                                                                                                                                                                             |
| No for th                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                 |                                                                                                                                                                                              |
| Name and Designation                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Signature                                                                                                                                                                                                                                                       |                                                                                                                                                                                              |
| Name of Organisation                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Country code Area code                                                                                                                                                                                                                                          | Office tel no.                                                                                                                                                                               |
| Email Address                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Country code Area code                                                                                                                                                                                                                                          | Office fax no.                                                                                                                                                                               |
| Endorsement by the nominating country's Ministratechnical Assistance:                                                                                                                                                                                                                                                                                                                                                                                                    | ry of Foreign Affairs or the Nati                                                                                                                                                                                                                               |                                                                                                                                                                                              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                 |                                                                                                                                                                                              |
| Designation                                                                                                                                                                                                                                                                                                                                                                                                                                                              | (Ministry's Official Stamp)                                                                                                                                                                                                                                     |                                                                                                                                                                                              |
| Signature                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Name of Organisation                                                                                                                                                                                                                                            | ,                                                                                                                                                                                            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Country code Area code                                                                                                                                                                                                                                          | Office tel no.                                                                                                                                                                               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Country code Area code                                                                                                                                                                                                                                          | Office fax no,                                                                                                                                                                               |
| NOTE: This application form should be duly completed and er<br>Technical Assistance in your country. Forms which are incomp                                                                                                                                                                                                                                                                                                                                              | acorsed by the Ministry of Foreign Affai<br>plete or not endorsed will not be accepted                                                                                                                                                                          | rs or the National Focal Point for<br>d.                                                                                                                                                     |