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| **logobe** | **SOCIALIST REPUBLIC OF VIETNAM****Independence - Freedom - Happiness****APPLICATION FORM FOR POSTDOCTORAL FELLOWSHIP**YEAR 2020 |

To: Postdoctoral Fellowship Selected Committee

1. Full name (in capital letter): . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . Male Female

2. Date of birth: . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . Place of birth: . . . . . . . . . . . . . . . . .

3. Institution: . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . ..

4. Institution address:. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . ..

5. Phone number: . . . . . . . . . . . . . . . . . . Email address:. . . . . . . . . . . . . . . . . . . . . . . . . . . . .

6. ID number . . . . . . . . . . . . . . . . . . .Date of issue . . . . . . . . . . . . . .Place of issue . . . . . . . . . . .

7. Foreign languages competency level:. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

8. Researches, articles or conference reports (the number of accomplished researches together with evidence, and/or the number of published articles): . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

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9. Scientific Research Achievements (Certificate of Merit, or any kind of award given by the Institution or higher level): . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

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10. Why do you want to apply for this fellowship? If admitted, how this fellowship will help you to advance your research goals/career? (Please complete this section with no more than 500 words). . . . . . . . . . . . . . . . …………………………………………….. . . . . . . . . . . . . . . . . . . ………………………………………………………………………………………………….

 I hereby declare that all of the above statements are true. I voluntarily register and commit to comply with the current regulations applied among Postgraduate Department Candidates. If any of the above information is wrong, I will accept any and all decisions made by the University with regards to my participation in the program as well as the benefits that I receive from my participation in the program.

*..........................., 2020*

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| **APPROVAL OF CANDIDATE’s INSTITUTION** *(signature, full name and seal)* | **CANDIDATE CONFIRMATION***(signature and full name)* |