

**POSTDOCTORAL FELLOWSHIP APPLICATION FORM  
FOR SUPERVISOR  
KASETSART UNIVERSITY**

<b>1. Full name (English)</b>	<b>Full name (Thai)</b>		
<b>2. Home address :</b>			
<b>3. Present Position at Kasetsart University</b>			
(Lecturer/Assist. Prof./Assoc. Prof./Prof./others):  <b>Faculty :</b>  <b>Department :</b>  <b>Status of Employment</b> <input type="checkbox"/> Government officer <input type="checkbox"/> University permanent staff	<b>Office Address :</b>    <b>Tel :</b> <b>Mobile :</b> <b>Fax :</b> <b>Email :</b>		
<b>4. Doctoral Education</b>			
Degree	Discipline	Institution	Graduation year
<b>5. Field of expertise</b>			
<b>6. Journal publications within 5 years</b> ( <i>Please provide a photocopy of these items along with the application form</i> )			
<input type="checkbox"/> See attachment (continue on separate sheet if necessary)			

**7. Patents**

See attachment (continue on separate sheet if necessary)

**8. Doctoral student supervision within 5 years**

Names of doctoral students	Status in committee		Thesis title	Graduation status	
	advisor	co-advisor		graduated	expected
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>

**9. Research grants received within 5 years**

Project title	Agency	Budget	Duration (from year to year)	Role (Principal Investigator / Co-Investigator)

**10. Have you ever received or do you currently receive a Postdoctoral Fellowship?**

Yes  No

If "Yes", give name of the fellowship.....;

Funding agency.....; Year.....

**11. Proposed postdoc fellow (if applicable)**  
 Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 Phone / E-mail \_\_\_\_\_

**12. Plan for postdoctoral research project**  
 Project title \_\_\_\_\_  
 \_\_\_\_\_  
 Source of research fund and amount \_\_\_\_\_  
 Duration of the research project fund \_\_\_\_\_

Month	Activities / Responsibilities of postdoc fellow	Expected outputs
1-6		
7-12		

**13. I certify that the information provided above is true and accurate.**

\_\_\_\_\_

Proposed supervisor's signature

Date \_\_\_\_\_

\_\_\_\_\_

Faculty Dean's signature

Date \_\_\_\_\_