Application Form
School of Applied Statistics
National Institute of Development Administration

148 Seri Thai Road, Bangkapi, Bangkok 10240, Thailand.
Telephone: (662) 727-3038; Facsimile: (662)374-4061
E-mail: edu@as.nida.ac.th; Website: http://as.nida.ac.th

☐ **Self-Financed** ☐ **NIDA Scholarship**

I Program Information

Please mark X in all boxes that apply.

☐ **Doctor of Philosophy in Data Analytics and Data Science**

☐ **Doctor of Philosophy in Computer Science and Information Systems**

- ☐ **Major in Computer Science**
- ☐ **Major in Information Systems**

☐ **Doctor of Philosophy in Applied Statistics**

☐ **Doctor of Philosophy in Smart Logistics and Supply Chain Management**

II Personal Information

Title

Given Name

Family Name/Surname

Previous Name (if any)

Full Name in Thai (If any)

Date of Birth (ddmmyy)

Gender ☐ Male ☐ Female

Your Citizenship ☐ Thai Citizen ☐ Thai Permanent Resident ☐ Foreigner

Thai National ID Number/Passport Number

Issuing Country (if not Thailand)

III Address and Contact Information

Official Use Only

Mailing Address

Line 1

Line 2

City

State

Postal Code

Country

Permanent Address

Line 1

Line 2

City

State

Postal Code

Country

Contact Information

Home Phone Number*

Business Phone Number*

Mobile Phone Number*

Facsimile*

Email

*Please include the country code if not in Thailand.

IV Academic Background

Important Information: **Applicants must provide certified copies of all academic documents for each application.** Application may not be fully considered without providing proof of successful completion of academic qualification(s).

Academic Records:

List all academics records (undergraduate level and beyond) previously **attempted** or **completed,** as well as currently enrolled.

Major/Program	Teaching Language	Name of Institute	Country	Date Attend		GPA	Degree Awarded
				From	To		

English Proficiency:

Name of English Proficiency Test	Date Taken	Test Score

V Employment Information

If you wish your work experience to be considered, please complete this section in explicit detail. List only the most relevant jobs. You may wish to attach letters of support from employers.

Date Attend		Name and address of Company/Employer	Position	Duties and Responsibilities
From	To			

Relevant Membership, Affiliations, Certification, etc.

Organization _____ Status _____

Organization _____ Status _____

VI Scholarship Information

Scholarships, prizes, and other distinctions obtained (list only the most important).

Name of Award	Organization Issuing the Award	Reason for Award	Date of Award	Value, if any

VII Referees Information

Please list names and addresses of your **academic referees**. Each application must be accompanied with letters of recommendation from 2 referees. The recommendation from each referee must be submitted in a separated sealed and signed envelop. All documents will not be returned.

First Referee

Name

Title/Affiliation

Name of Institute

Address Line 1

Address Line 2

City

State

Country

Postal Code

Second Referee

Name

Title/Affiliation

Name of Institute

Address Line 1

Address Line 2

City

State

Country

Postal Code

VIII Research Plan (If any)

Please provide summary details of your research proposal or academic reason to apply for the program.

If you wish to work under a particular supervisor, state the person's name here	

IX Personal Statements

Career Goal and Future Aspirations:
Please give an outline of your future career plan and intentions and explain how your proposed studies will help on achieve this aims.

Additional Information in support of your application:
Please provide any other information which may assist the Selecting Committee in reaching a decision.

Personal Statement:
In not more than 500 words, please describe below how your interests and achievements, both academic and extra-curricular, demonstrate a capacity for leadership, commitment to using your knowledge to serve your community and to applying your talents to improve the lives of others.

IX Declaration

Please read carefully before signing your application

1. I understand that the Selecting Committee of the School of Applied Statistics, National Institute of Development Administration needs this information so that it can fully and properly assess my application for study/scholarship and administer any subsequent enrolment in accordance with its policies and procedures.
2. I certify that all the information given in, and in association with, this application is complete and accurate, and I understand that if I have given false or misleading information my application will not be processed, and legal action may be taken against me.
3. I understand that it is my responsibility to submit the completed application form as well as all the requested documents/material by the requested date and that the Selecting Committee will not evaluate my application if I fail to do so.
4. I authorize the Selecting Committee to obtain, and utilize, further information relating to my application from third party organizations as it deems necessary.
5. I certify that I am the original and sole author of all work submitted as part of this application, except where clearly indicated otherwise.
6. I understand that all the documents submitted with this application will not be returned.
7. I understand that the Selecting Committee will evaluate my case in a fair manner and accept its decision as final.

Name (Print)	Signature	Date

Please note

You may attach details on an A4 sheet of paper if the space provided in this application form is inadequate and ensure your full name and the program for which you are applying are clearly noted on all attachments.

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