



**FOR OFFICIAL USE ONLY**  
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# Capacity Building on the Development of Halal Food Production Standard and Food Safety 16 – 21 JULY 2018

Please affix  
 Recent  
 passport  
 photograph

## APPLICATION FORM (Typewriting or block letters)

### 1. PERSONAL DATA

Family name (surname)	Date of birth Day   Month   Year
First Name	Nationality (citizenship):
Other names	Gender: Male / Female #
City and country of birth	Marital status: Single / Married / Divorced / Widowed #
Passport No:	Religion:

# Delete accordingly

### 2. COMMUNICATION AND MAILING ADDRESS

Applicant's Office Address:				Applicant's Postal / Home Address:			
				Home telephone	Country	Area	Number
<b>Office</b>	<b>Country</b>	<b>Area</b>	<b>Number</b>				
Telephone				E-mail			
Mobile							
Telefax							
Person to be contacted in case of emergency, name, telephone and address:							

### 3. EDUCATION (list in order of time, starting with last institution attended)

Name of institution and place of study	Major field of study	Years of study: from - to	Qualification

**4. EMPLOYMENT RECORD**

<b>A. Present or most recent post</b>	<b>B. Previous post</b>
Employer:	Employer:
Years of service (from – to):	Years of service (from – to):
Title of your post/position:	Title of your post/position:
Name of supervisor and title:	Name of supervisor and title:
Type of organization: Government / Semi Government / Private / NGO #	Type of organization: Government / Semi Government / Private / NGO #
Main functions of organization:	Main functions of organization:
Total number of employees:	Total number of employees:

# Delete accordingly

**Description of your work including your responsibility:**

**Please continue on supplementary pages if necessary**

**5. REASONS FOR APPLYING THIS PROGRAM**

Please state briefly the reasons for applying to this course and how you hope to benefit from the programme.

Please continue on supplementary pages if necessary

**6. CERTIFICATION OF ENGLISH LANGUAGE PROFICIENCY**

	Excellent	Good	Fair	Basic	Remarks
<b>Listening</b>					
<b>Speaking</b>					
<b>Writing</b>					
<b>Reading</b>					

Language test administered by : \_\_\_\_\_  
Title : \_\_\_\_\_  
Address : \_\_\_\_\_  
Tel. Number : \_\_\_\_\_ **E-mail:** \_\_\_\_\_  
Date and signature : \_\_\_\_\_

**Mother tongue** :

**7. MEDICAL REPORT ( to be completed by an authorized physician )**

<b>Name of Applicant:</b>					
Age:	Sex:	Height:	cm	Weight:	kg.
Blood Group:	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> AB	<input type="checkbox"/> O	<input type="checkbox"/> Other ( )
Blood Pressure:					
<b>Vision:</b>					
1. Near vision to permit the reading of minimum of jaeger Number 1 or equivalent type and size letters, (e.g. N.4.5 size words on a Times New Roman reading cards) at a distance of not less than 300 mm in one or both eyes, either uncorrected or corrected.				Yes	No
				<input type="checkbox"/>	<input type="checkbox"/>
2. Ability to distinguish and differentiate contrast between colour				<input type="checkbox"/>	<input type="checkbox"/>
Is the person examined at present in good health?			Is the person examined physically and mentally able to carry out intensive training away from home?		
Is the person free of infectious diseases (AIDS, tuberculosis, trachoma, skin diseases etc.)?			Does the person examined have any condition or defect (including teeth) which might require treatment during the course?		
List any abnormalities indicated in the chest X ray.			Pregnancy Test (for <b>women</b> ):		

I certify that the applicant is medically fit to undertake a course in Malaysia

Name of Physician : \_\_\_\_\_

Address of Clinic (*printed*) : \_\_\_\_\_  
 \_\_\_\_\_

Telephone (*printed*) : \_\_\_\_\_

E-mail : \_\_\_\_\_ Date : \_\_\_\_\_

Signature of Physician : \_\_\_\_\_ Seal of Clinic : \_\_\_\_\_

**8. DECLARATION**

<b>Have you ever been convicted by a Court of Law of any country ? If yes, please give brief details:</b>	<b>Yes / No #</b>
<p>I certify that my statements in answer to the foregoing questions are true, complete and correct to the best of my knowledge and belief.</p> <p>If accepted for a training award, I undertake to:-</p> <p>(a) Carry out such instructions and abide by such conditions as may be stipulated by both the nominating government and the host government in respect of this course of training;</p> <p>(b) Follow the course of study or training, and abide by the rules of the institution in which I undertake to study or train;</p> <p>(c) Refrain from engaging in political activities, or any form of employment for profit or gain;</p> <p>(d) Submit any progress reports which may be prescribed; and</p> <p>Return to my home country promptly upon the completion of my course of study or training.</p> <p>I also fully understand that if I am granted an award it may be subsequently withdrawn if I fail to make adequate progress or for other sufficient cause determined by the host Government.</p> <p style="text-align: right;">Signature of applicant : _____</p> <p style="text-align: right;">Name : _____</p> <p style="text-align: right;">Date : _____</p>	

# Delete accordingly

**9. OFFICIAL DECLARATION ( to be completed by the nominating Organisation )**

The name of Organization: \_\_\_\_\_

nominates \_\_\_\_\_  
( name of applicant)

For the course under the WAITRO Programme and certifies that:

(a) all information supplied by the nominee is complete and correct;

(b) the nominee had adequate knowledge and was appropriately tested for English Language proficiency.

Remarks: \_\_\_\_\_

\_\_\_\_\_  
( Name )

\_\_\_\_\_  
( Designation )

\_\_\_\_\_  
( Signature of responsible Organisation's official)

Address:  
\_\_\_\_\_  
\_\_\_\_\_

Official Seal / Stamp:

Office Telephone number: \_\_\_\_\_

Office Fax number : \_\_\_\_\_

E mail: \_\_\_\_\_

Date: \_\_\_\_\_

**Please note: This application form must be duly completed and endorsed. INCOMPLETE AND/OR UNENDORSED FORMS CANNOT BE PROCESSED.**

A copy of the application should be mailed, fax or email directly before **June 15, 2018** to:

National Food Institute  
No.2008. Soi Arun Amarin 36, Bangyaakhan, Bang Phlad, Bangkok 10700

**Attn: Mr.Siththipong Wongpoom**

Tel: +66 2 422 8688 ext. 2203

E-mail: [siththipong@nfi.or.th](mailto:siththipong@nfi.or.th) / [sukrit@nfi.or.th](mailto:sukrit@nfi.or.th) / [training@nfi.or.th](mailto:training@nfi.or.th)