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| **1.** **APPLICATION FOR AFFILIATION VISITING RESEARCHER** |
| Research Cluster:  | IPSR Faculty Referee: |
| Are you currently applying for/holding\* a position in another department in another Thailand based university or organization? *If yes, specify department/staff no.\*:*  |  Yes |  No  |
| **2.** **PERSONAL PARTICULARS** |
| Full Name as in Passport/Identity Card *(underline Family Name)*:Prof/Dr/Mr/Mrs/Ms\* | Name in Thai Character, if applicable:   |
| Home address in your country of residency:   |  | **To be filled out upon arrival** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Thailand Visa Type (current or future) |   |
|  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Country Permanent Resident  |   |
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|  |  **Thailand Permanent Resident *(Attach a copy of certificate****)* |
| Contact in ThailandAddress: |   |  Date Expiration: |   |
| Mobile phone: |   |   |  Residency ID Number: |   |
| Office phone: | Home phone: |  | **Non-Thailand Citizen and Non-PR** |
| Email: |   | Passport No.:  | Place of issue: |
| Primary Citizenship: |   | Date of issue: | Date of expiry: |
| Date of birth: |   |  | **Thailand Visa Employment Permit *(Attach copies permit card)*** |
| Thai Language capacity:  | Years of experience in Thailand: |   | Permit No.:  |   |
| Gender: Male/Female/ Non-binary\*  | Marital status: |  Date of Issue: | Date of expiry: |
|  Have you received any award/scholarship that requires you to fulfill a service obligation? If yes, please specify period of service obligation & organization that you served it out with. If you have not successfully completed your service obligation, please provide details in a separate sheet of paper. |  Yes |  No |
| Will your immediate family member be accompanying you to Thailand during your affiliation period. Immediate family member includes a spouse, child, parent, sibling, parent-in-law or domestic partner. Please list accompanying family members below.  |  Yes |  No |
| **3.** **ACCOMPANYING FAMILY MEMBERS**  |
|   | Full name | Date & place of birth | Nationality | Occupation | Address |
| Father |   |   |   |   |   |
| Mother |   |   |   |   |   |
| Spouse |   |   |   |   |   |
| Child(ren) |   |   |   |   |   |
|   |   |   |   |   |   |
|   |   |   |   |   |   |
| **4.** **DECLARATION** |
| **I declare that the particulars in this application are true to the best of my knowledge and belief, and I have not willfully suppressed any material fact.**  |
| Signature of applicant: |   | Date: |   |   |

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| Please return the completed form (in MS Word and not to change the designated fields) via email to the Deputy Director for International Relations, Institute for Population and Social Research, Mahidol University, 999 Phuttamonthon 4 Road Salaya, Phutthamonthon, Nakhon Pathom, Thailand 73170, Check email on IPSR website.  |
| **GENERAL INFORMATION** |