



APPLICATION FORM

(VISITING FELLOW IN DERMATOSURGERY/DERMATOLOGIC LASER SURGERY)
RAMATHIBODI LASER CENTER, DIVISION OF DERMATOLOGY

FACULTY OF MEDICINE RAMATHIBODI HOSPITAL, MAHIDOL UNIVERSITY
270 RAMA VI ROAD, RATCHATHEWI, BANGKOK 10400 THAILAND
TEL: (66) 2 201 2763, (66) 2 201 0200 FAX: (66) 2 201 1121 (66) 2 201 2763
E-MAIL: ladawan.him@mahidol.ac.th

PERSONAL INFORMATION

FIRST NAME:

MIDDLE NAME:

LAST NAME:

NATIONALITY:

SEX: MALE FEMALE

MARITAL STATUS: SINGLE MARRIED DIVORCED

CURRENT POSITION MEDICAL SCHOOL/INSTITUTION.....

DATE OF BIRTH (DAY/MONTH/YEAR):

COUNTRY OF CITIZENSHIP:

NATIVE LANGUAGE: OTHER LANGUAGES:

PASSPORT NUMBER : EXPIRY DATE:

MAILING ADDRESS :

.....

TELEPHONE.....FAX.....E-MAIL.....

ACADEMIC QUALIFICATIONS: (PLEASE SPECIFY IN YOUR CURRICULUM VITAE WITH DETAIL)

M.D. M.B.B.S. OTHERS (PLEASE SPECIFY):

DERMATOLOGY TRAINING:

INSTITUTION: DURATION..... YEAR OF GRADUATION:

DERMATOLOGIC SURGERY / LASER TRAINING:

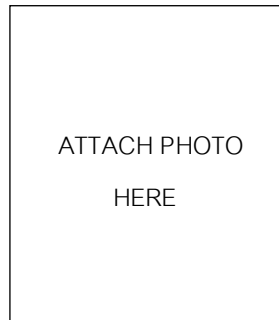
INSTITUTION: DURATION..... YEAR OF GRADUATION:

PERIOD OF TRAINING: 1 MONTH AND YEAR (PLEASE SPECIFY)

2 WEEKS FROM TO YEAR

- PLEASE ENCLOSE
1. TWO RECOMMENDATION LETTERS FROM YOUR MEDICAL SCHOOL/INSTITUTE
 2. CURRICULUM VITAE
 3. TWO RECENT PASSPORT-SIZED PHOTOGRAPHS (NOT LESS THAN 6 MONTHS)
 4. ENGLISH PROFICIENCY SCORE (FOR NON-NATIVE SPEAKERS)
 5. EVIDENCE OF HEALTH/MEDICAL INSURANCE
 6. EVIDENCE OF DERMATOLOGICAL CERTIFICATE/GRADUATE DIPLOMA

IT IS STRONGLY PREFERRED THAT YOU SEND THE COMPLETE APPLICATION DOCUMENT INITIALLY AS SCANNED COPY BY E-MAIL TO ladawan.him@mahidol.ac.th AND ORIGINAL COPY BY POST TO THE DIVISION OF DERMATOLOGY. FAILURE TO SUBMIT ALL REQUIRED DOCUMENTATION MAY LEAD TO DELAY IN PROCESSING AND, IN SOME CASES, POSTPONEMENT AND CANCELLATION OF EXPECTED PERIOD.



FACILITIES, RULES AND REGULATIONS

1. TRAINING PROGRAM

THE RAMATHIBODI DERMATOLOGIC LASER SURGERY PROGRAM IS COMPOSED OF THREE PARTS:

- CASE DISCUSSIONS AND E-LEARNING
- LIVE DEMONSTRATIONS (ROTATION AND OBSERVATION WITH ASSIGNED CONSULTANTS)
- PRACTICE (ASSIST CONSULTANTS AND/OR PERFORM OPERATIONS UNDER SUPERVISION)

FOR MORE INFORMATION, PLEASE VISIT www.rama.mahidol.ac.th/ramalaser/th/training (VISITING FELLOW IN LASER SURGERY)

2. TUITION FEE AND CONFIRMATION OF POSITION

- THE TUITION FEE IS US\$ 2,000 PER MONTH AND US\$ 1,200 FOR 2 WEEKS (*THB 45,000 FOR THAI PHYSICIANS*)

WHICH SHOULD BE PAID BY ELECTRONIC TRANSFER TO THE FOLLOWING BANK ACCOUNT. A COPY OF PAY-IN SLIP

EVIDENCE MUST BE SCANNED AND SENT TO ladawan.him@mahidol.ac.th

BANK NAME:	SIAM COMMERCIAL BANK
BRANCH:	RAMATHIBODI BRANCH
ACCOUNT NAME:	DIVISION OF DERMATOLOGY
ACCOUNT NUMBER:	026-2-94449-8
SWIFT CODE:	SICOTHBK

- TO GUARANTEE YOUR POSITION, PLEASE TRANSFER TUITION FEE AND SEND THE SCANNED PAYMENT DOCUMENTS

WITHIN TWO WEEKS AFTER RECEIVING THE LETTER OF ACCEPTANCE SENT FROM OUR STAFF. WE HAVE THE RIGHT TO CANCEL YOUR POSITION IF YOU DO NOT FOLLOW THE STATEMENT AS AFOREMENTIONED.

IN CASE THAT YOU WOULD LIKE TO APPLY FOR THE NEW PERIOD, THE RESUBMISSION OF APPLICATION WITH EXPECTED PERIOD IS REQUIRED.

3. VISA APPLICATION (FOR FOREIGN APPLICANTS)

- REGARDING VISA INFORMATION, PLEASE FIND THE LENGTH OF STAY IN THAILAND FOR YOUR COUNTRY AT <http://www.mfa.go.th/main/en/services/123/15383-List-of-countries-which-have-concluded-Agreements.html> (SUMMARY OF COUNTRIES AND TERRITORIES ENTITLED WITH VISA EXEMPTION AND VISA ON ARRIVAL).

IN CASE OF MORE THAN 30-DAY STAY, A LETTER OF ACCEPTANCE FOR THE TRAINING WILL BE REQUIRED TO SUBMIT TO THE THAI EMBASSY OR ROYAL THAI CONSULATE-GENERAL TO APPLY FOR NON-IMMIGRANT “ED” VISA.

4. DRESS CODE

YOU MUST DRESS PROPERLY DURING STUDYING OR WORKING IN THE HOSPITAL COMPOUND AS FOLLOWS:

- MALE : SHIRT, TROUSERS (DARK COLOR), PROPER SHOES AND WHITE GOWN.
- FEMALE : BLOUSE/SHIRT, SKIRT/DRESS PANTS (DARK COLOR), PROPER SHOES AND WHITE GOWN.

5. SUPERVISION CLINICAL WORK IS LIMITED UNDER SUPERVISION OF THE HEAD OF DIVISION AND ASSIGNED SUPERVISOR.

6. FIRST DAY OF TRAINING

PLEASE REPORT TO THE OFFICER AT 08.30 A.M. AT THE OFFICE OF INTERNATIONAL AFFAIRS, SIXTH FLOOR, LECTURE HALL BUILDING

I HEREBY APPLY FOR FELLOWSHIP TRAINING IN THE FACULTY OF MEDICINE RAMATHIBODI HOSPITAL, MAHIDOL UNIVERSITY AND I CONFIRM THAT THE INFORMATION PROVIDED ABOVE IS CORRECT TO THE BEST OF MY KNOWLEDGE AS WELL AS I HAVE READ THE ABOVE STATEMENTS AND UNDERSTAND AND ACCEPT ALL TERMS OUTLINED.

SIGNATURE

(.....)

DATE / /