



**Graduate Programs, International College of Medicine,
Thammasat University**

CICM Program Dermatology

Research Fellow 2025

Application for Admission

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Application ID number												
(Staff only)												

Paste a one-inch photograph

First name – Last name

1. **First name – Last name** (Mr., Miss., Mrs.)

2. **Sex** Male Female

3. **Nationality** **Race** **Religion**

4. **Date of Birth** **Month** **Year** **Age (year)**

5. **Occupation** **Income**..... **Baht/Month**

6. **Marital status** Single Married Other

7. **Father's occupation** **Mother's occupation**.....

8. Source of financial support during tenure of study

Work

Parents

Scholarship by.....

Require scholarship

During application process: specify source.....

Other

9. Education Record

Level	University/Institute	Degree granted / Field of Study	Period	GPA
Bachelor's				
Master's				
Other				

10. Employment Record

Position	Organization	Period

11. Office address

.....

Post-code..... Phone Fax. E-mail.....

12. Home address

.....

Post-code..... Phone Fax. E-mail.....

14. Attached Supporting Document (Scan document or 300 dpi photograph)

- | | | |
|--|--|---|
| <input type="checkbox"/> Recent photograph (~1 inch) | <input type="checkbox"/> I.D. card or Passport | <input type="checkbox"/> Medical License |
| <input type="checkbox"/> Academic transcripts | <input type="checkbox"/> Degree certificate | <input type="checkbox"/> Curriculum vitae |

.....
(ex. publication, research experience, presentation, award or official supporting document)

15. Research Interest.....

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Notice: Graduate Program, Chulabhorn International College of Medicine,
Thammasat University, Rangsit Campus, 99 Moo 18 Phaholyothin Road, KlongLuang Districts,
Pathumthani, 12121, THAILAND
E-mail : cicm.dermatolgoy@gmail.com
Tel. 0-2564-4444 Ext. 4232

Applicant's signature.....

Date