



Prince of Songkla University

PSU Postdoctoral Fellowship Application Form

Form A – Postdoctoral Fellow Applicant

1. Personal Information

| | | | |
|-------------------------------|-------------|--------------|-------------|
| Name (English) | First Name: | Middle Name: | Last Name:: |
| Name (Thai), if applicable | ชื่อ | ชื่อกกลาง | นามสกุล |

| | | | |
|------------|-------|--------|-------|
| Birth Date | Date: | Month: | Year: |
|------------|-------|--------|-------|

Gender Male Female

Nationality

Marital Status Single Married
 Divorced

2. Employment (From current to the past)

| | | | |
|----------|--|--------|--|
| Position | | Period | |
| Employee | | | |
| Address | | | |
| Phone | | Email | |

| | | | |
|----------|--|--------|--|
| Position | | Period | |
| Employee | | | |
| Address | | | |
| Phone | | Email | |

| | | | |
|----------|--|--------|--|
| Position | | Period | |
| Employee | | | |
| Address | | | |
| Phone | | Email | |

3. Current Received Salary (if applicable) _____ Thai Baht

4. Home Address

| | | | |
|---------|--|-------|--|
| Address | | | |
| Phone | | Email | |

5. Education (From highest)

| Degree | Field | Institute | Graduation Date |
|--------|-------|-----------|-----------------|
| | | | |
| | | | |
| | | | |

6. Research Expertise _____

7. Research Grants Received

| Project Title | Source of Funding | Period (Year to Year) | Total Budget (Thai Baht or US\$) | Role (PI or Co-Investigator) |
|---------------|-------------------|-----------------------|----------------------------------|------------------------------|
| | | | | |
| | | | | |
| | | | | |

8. Award Received

| Year | Award | Award Grantor |
|------|-------|---------------|
| | | |
| | | |
| | | |

9. Journal Publications*

| No. | List (Write in Reference format) |
|-----|----------------------------------|
| | |
| | |
| | |

10. Patents*

| No. | Patent No. | Title | Country Issued |
|-----|------------|-------|----------------|
| | | | |
| | | | |
| | | | |

11. Supervisor

| | | | |
|------------|--|-------|--|
| Name | | | |
| Position | | | |
| Department | | | |
| Faculty | | | |
| Phone | | Email | |

Note: *Please provide a photocopy of these items along with the application form.

I certify that the information provided above is true and accurate.

Applicant's signature _____
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