



විදේශ සම්පත් දෙපාර්තමේන්තුව  
வெளிநாட்டுவளங்கள்திணைக்களம்  
Department of External Resources

இதே அமைச்சு  
මහලේකම් කාර්යාලය (3 වැනි මහල), තැ.පෙ. 277, කොළඹ 03, ශ්‍රී ලංකාව

நிதி அமைச்சு  
செயலகம் (3ஆம் மாடி), த. பெ. இல. 277, கொழும்பு 03, இலங்கை

Ministry of Finance  
The Secretariat (3<sup>rd</sup> Floor), P.O. Box 277, Colombo, 00103, Sri Lanka

Web Site: www.erd.gov.lk

මගේ අංකය  
எனது இல.  
My No

TA & UN/TH/S/367

ඔබේ අංකය  
உமது இல  
Your No..

දිනය  
திகதி  
Date.

18<sup>th</sup> September 2019

Secretary / Ministry of Internal and Home Affairs and Provincial Councils & Local Government

Dear Sir

Attn: Officer-in-charge of  
Foreign Training

Detection of Environmental Pollutants and Monitoring of Health Effect  
From : February 2020, Thailand

The Government of Thailand has invited nominations from eligible Government Officials in Sri Lanka for the above training programme. The details of the programme for Chulabhorn Research Institute are attached for your information.


You are kindly requested to submit a **nomination** along with the following documents **on or before 01<sup>st</sup> November 2019**.

1. Dully filled Application Form along with certified copies of the certificates of Academic and Professional Qualifications (**in three sets – two originals with one photocopy**)
2. The completed Medical Report (**2 Originals**)
3. A copy of the passport (names written in the forms must be the same as appear in the passport)
4. Duly filled ERD form No: 2 "Essential Information of the nominee" (Original Copy only).

The Government clearance to leave the country to participate in this programme has to be obtained only after the offer is granted to the nominee.

Your early response in this regard is highly appreciated.

Yours faithfully

  
L.A.Y. Darshanie De Silva  
Director/TA Division  
for Director General

Copies to :

Chief Secretaries / All Provincial Councils -

Please submit one nomination from  
each Provincial Council

අධ්‍යක්ෂ ජනරාල්  
பணிப்பாளர் நாயகம்  
Director General

94-11-2484693

කාර්යාලය  
அலுவலகம்  
Office

94-11-2484500  
94-11-2484600

ලැයිස් අංකය  
தொலைநகல்  
Fax

94-11-2447633  
94-11-2387153  
94-11-2434876

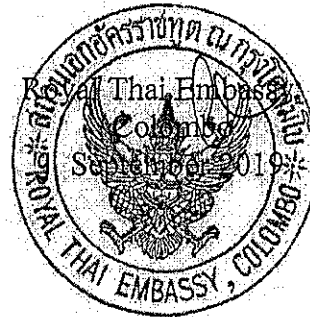


No. 50001/573

The Royal Thai Embassy presents its compliments to the Department of External Resources of the Democratic Socialist Republic of Sri Lanka and has the honour to inform the latter that the Chulabhorn Research Institute will organize four international training courses during the period from December 2019 to May 2020, details of which are enclosed herewith in Annex 1, and will provide scholarships to successful applicants, which include air tickets, allowance, accommodation, health insurance, and registration fee.

In this connection, the Embassy wishes to seek the Department's cooperation in sending applications of the potential candidates for the above courses **10 working days BEFORE the closing date of application** for each training course. The application form is attached hereto in Annex 2.

The Royal Thai Embassy avails itself of this opportunity to renew to the Department of External Resources of the Democratic Socialist Republic of Sri Lanka the assurances of its highest consideration.



The Department of External Resources  
of the Democratic Socialist Republic of Sri Lanka,  
**COLOMBO.**

cc: The Ministry of Foreign Affairs of  
the Democratic Socialist Republic of Sri Lanka,  
**COLOMBO.**



## Chulabhorn Research Institute

54 Kamphangphet 6 Road, Laksi, Bangkok 10210, Thailand

### Fellowship Application Form

**IMPORTANT INSTRUCTIONS:**

- Each question must be answered clearly and completely.
- Duly completed application forms should be forwarded to the Chulabhorn Research Institute before deadline of application
- Incomplete applications will not be considered.

Please attach  
photograph  
here

Course Title: \_\_\_\_\_

**Personal Data**

Title	Family name / Surname (as shown in passport)	First name	Sex		
<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.			<input type="checkbox"/> Male <input type="checkbox"/> Female		
Place of birth	Nationality	Date of Birth (DD/MM/YY)	Age	Marital Status	Religion
				<input type="checkbox"/> Single <input type="checkbox"/> Married	

**Communication and Mailing Address**

<b>Office Address:</b>		<b>Home Address:</b>	
<b>Office telephone NO:</b>	<b>Fax:</b>	<b>Home telephone NO:</b>	<b>Fax:</b>
Country  Area  Number	Country  Area  Number	Country  Area  Number	Country  Area  Number
<b>Office Email:</b>		<b>Personal Email:</b>	
Name and address of person to be notified in case of emergency:			
Telephone No: .....		Relationship: .....	
Country  Area  Number			
International Airport / City of Departure			

**Educational Record**

Education Institution/ University	City/ Country	Years Attended		Degrees, Diplomas and Certificates	Major field of study
		From	To		
Have you ever been trained in Thailand? If yes, what course, where and for how long?					

**Employment Record**

<p><b>Present or most recent post:</b> Date from _____ to _____</p>	<p><b>Brief your job description and responsibility</b></p>
<p>Name of Organization:</p>	
<p>Type of Organization:</p> <p> <input type="checkbox"/> National governmental      <input type="checkbox"/> Local governmental  <input type="checkbox"/> Public enterprise              <input type="checkbox"/> Private (profit)  <input type="checkbox"/> NGO/Private (non-profit)      <input type="checkbox"/> University  <input type="checkbox"/> Other _____         </p>	
<p>Department/ Division:</p>	
<p>City/Country:</p>	
<p>Position:</p>	
<p><b>Previous Post:</b> Date from _____ to _____</p>	<p><b>Brief your job description and responsibility</b></p>
<p>Name of Organization:</p>	
<p>Type of Organization:</p> <p> <input type="checkbox"/> National governmental      <input type="checkbox"/> Local governmental  <input type="checkbox"/> Public enterprise              <input type="checkbox"/> Private (profit)  <input type="checkbox"/> NGO/Private (non-profit)      <input type="checkbox"/> University  <input type="checkbox"/> Other _____         </p>	
<p>Department/ Division:</p>	
<p>City/Country:</p>	
<p>Position:</p>	

## Language Proficiency

1. Mother Tongue _____	( ) Excellent	( ) Good	( ) Fair	( ) Poor
2. English				
Listening	( ) Excellent	( ) Good	( ) Fair	( ) Poor
Speaking	( ) Excellent	( ) Good	( ) Fair	( ) Poor
Reading	( ) Excellent	( ) Good	( ) Fair	( ) Poor
Writing				
3. Other languages _____	( ) Excellent	( ) Good	( ) Fair	( ) Poor

\* Excellent: Refined fluency skills and topic controlled discussions, debates and presentations. Formulates strategies to deal with various essay types, including narrative, comparison, cause-effect and argumentative essays.

\* Good: Conversational accuracy and fluency in a wide range of situations: discussion, short presentations and interviews. Compound complex sentences. Extended essay formation.

\* Fair: Broader range of language related to expressing opinions, giving advice, making suggestions. Limited compound and complex sentences and expanded paragraph formation.

\* Poor: Simple conversation level, such as self-introduction, brief question and answer using the present and past tenses.

### **Expectations**

Please describe the practical use you will make of this training/study on your return home in relation to the responsibilities you expect to assume and the conditions existing in your country in the field of your training.

**Recommendation form**

	Top 5%	Top 10%	Top 20%	Top 50%	Below average	Unable to assess	Comments
Intellectual ability							
Breadth of general knowledge							
Quantitative ability							
Analytical ability							
Quality of oral expression							
Quality of written expression							
Ability to work with others							
Emotional maturity							
perseverance							
Promise as a program graduate							

Signature of Reference: \_\_\_\_\_ Date: \_\_\_\_\_

Title and organization: \_\_\_\_\_

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

Telephone Number: \_\_\_\_\_ Email: \_\_\_\_\_

**SUPPORTING DOCUMENTS**

Transcript (s) / or Certificate (s)

Letter of Recommendation

---

name	title	institution/company
------	-------	---------------------

---

name	title	institution/company
------	-------	---------------------

---

name	title	institution/company
------	-------	---------------------

Medical Certificate

Others (Please specify) \_\_\_\_\_

**Please read the following and sign**

I understand that withholding pertinent information requested in this application form or intentionally giving false information will make me automatically ineligible for application consideration. I hereby certify that my education and qualifications are in accordance with the admission requirements and all information given in this form is true.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

Duly completed application form should be forwarded to:

The Chulabhorn Research Institute  
54 Kamphangphet 6 Road,  
Laksi, Bangkok 10210  
THAILAND

Email: \_\_\_\_\_



**Medical History and Report**

Name of Nominee .....Age .....

Country.....

**\*Physical Examination (To be filled in by physician)**

**Present Status**

Height ..... Cms. Weight .....kgs. Blood Pressure .....mm.Hg. Pulse ...../min.

Vision Right .....Left ..... Eyes ..... With glasses / Without glasses

a) Do you currently use any drugs for the treatment of a medical condition? (give name and dosage)

No

Yes : name of medication ( ..... ), Quantity ( ..... )

b) Are you pregnant?

No

Yes : ( ..... months)

c) Are you allergic to any medication or food?

No

Yes : ( ) Medication : ( ) Food : ( ) Other: \_\_\_\_\_

**Laboratory Examinations**

Blood group .....Blood film for malaria .....Hb ..... gm%

WBC ..... Cells/cu.mm.

Differential PMN ..... % Lymph ..... % Mono ..... % Eos ..... %

Baso ..... % Band..... % Blast ..... %

Urinalysis : Colour ..... Sp. Gr ..... pH ..... Sugar .....

Alb ..... Blood .....Ketones ..... Blic.....

Micro : WBC...../HPF.,RBC ...../HPF.,Epethelial..... /HPF.

Casts...../ HPD., Others .....

Stool examination for parasite & Ova .....

Chest X – Ray report .....

Urine pregnancy test .....

Check each item in appropriate column			
Item	Normal	Abnormal	Additional comment
General	<input type="checkbox"/>	<input type="checkbox"/>	.....
Skin, Scalp	<input type="checkbox"/>	<input type="checkbox"/>	.....
Lymph nodes	<input type="checkbox"/>	<input type="checkbox"/>	.....
Eyes	<input type="checkbox"/>	<input type="checkbox"/>	.....
Ears	<input type="checkbox"/>	<input type="checkbox"/>	.....
<b>Otoscopic Exam</b>			
Nose	<input type="checkbox"/>	<input type="checkbox"/>	.....
Pharynx & tonsils	<input type="checkbox"/>	<input type="checkbox"/>	.....
Teeth	<input type="checkbox"/>	<input type="checkbox"/>	.....
Thyroid gland	<input type="checkbox"/>	<input type="checkbox"/>	.....
Lungs	<input type="checkbox"/>	<input type="checkbox"/>	.....
Heart	<input type="checkbox"/>	<input type="checkbox"/>	.....
Abdomen	<input type="checkbox"/>	<input type="checkbox"/>	.....
Liver	<input type="checkbox"/>	<input type="checkbox"/>	.....
Spleen	<input type="checkbox"/>	<input type="checkbox"/>	.....
Hernia	<input type="checkbox"/>	<input type="checkbox"/>	.....
External genitalia	<input type="checkbox"/>	<input type="checkbox"/>	.....
Rectal exam.	<input type="checkbox"/>	<input type="checkbox"/>	.....
Vertebrae	<input type="checkbox"/>	<input type="checkbox"/>	.....
Locomotor	<input type="checkbox"/>	<input type="checkbox"/>	.....
Reflexes	<input type="checkbox"/>	<input type="checkbox"/>	.....
Mental health status	<input type="checkbox"/>	<input type="checkbox"/>	.....



## CALENDAR OF EVENTS

### International Training Courses at Chulabhorn Research Institute

Scheduled for 2019 – 2020

Training Course	Approximate Dates	Duration	Participants	Closing Date
365 1. Environmental and Health Risk Assessment and Management of Toxic Chemicals	December 6-18, 2019	10 work days	20 pp.	October 15, 2019
366 2. Principles of Toxicology, Toxicity Testing and Safety Evaluation	January, 2020	8 work days	20 pp.	October 31, 2019
367 3. Detection of Environmental Pollutants and Monitoring of Health Effect	February, 2020	10 work days	20 pp.	November 15, 2019
368 4. Environmental Toxicology	April-May, 2020	1 week	20 pp.	Jan 31, 2020

Course Coordinator: *Khunying Mathuros Ruchirawat, Ph.D.*

#### Course Description:

##### 1. Environmental and Health Risk Assessment and Management of Toxic Chemicals

The course is an integration of science and policy, covering the fundamental basis of environmental and health risk assessment and management from exposure assessment and risk characterization; mode of action and human relevance framework; the relationship between risk assessment and risk management; and the need for open, transparent and participatory acceptance procedures and credible communication methods. Emphasis will be placed on human health risk assessment, although the principles of ecological risk assessment will also be covered. Importantly, the course teaches the practical application of risk assessment methods to various problems, e.g. hazardous waste site release, through the use of case studies relevant to problems faced in developing countries, and describes the policy context in which decisions to manage environmental health risks are made. Teaching and learning aids, such as an electronic distance learning tool on risk assessment and risk management of chemicals and the WHO IPCS Human Health Risk Assessment toolkit will be introduced.

*Requirement:* Participants should have jobs/responsibilities related to assessment of risk from the use of chemicals.

##### 2. Principles of Toxicology, Toxicity Testing and Management of Toxic Chemicals

This course presents the fundamental and basic concepts of toxicology, including dose-response relationships; types of harmful effects; mechanisms involved in chemical actions from the entrance of chemicals into the body until excretion; toxicokinetics; activation and detoxification mechanisms; biologic and chemical factors that influence toxicity; the principles of testing for toxic effects; epidemiology and concepts of risk assessment.

*Requirement:* Participants should have work experience related to the use of basic knowledge in chemistry, biological sciences, or medicine.

##### 3. Detection of Environmental Pollutants, Testing and Screening of Toxicity

This course covers both theoretical and practical aspects in toxicology relating to the detection of different types of toxicants and their associated toxicity. It presents the different analytical methods in environmental toxicology; toxic compounds in the environment, mechanisms of actions and their effects on man; how to monitor human exposure through the use of biomarkers; and modern techniques instrument analysis. Trainees will have an opportunity to conduct hands on experiments and testing.

*Requirements:* Participants should have responsibilities/jobs related to the detection of toxicity from toxic compounds in the environment and their effects in humans.

##### 4. Environmental Toxicology

The course provides students and participants with a background of the major groups of toxic substances encountered by man and animals through food and the environment, and also through exposure at the workplace. These toxicants include mycotoxins, naturally occurring plant and animal toxins, toxic substances in air, water and soil, N-nitroso compounds, solvents, plastics, pesticides, pollutants and radiation (UV, electromagnetic, ionizing). The course focuses on the chemistry, fate and distribution in the environment, mechanisms of their action, toxic manifestation in living organisms, as well as toxic syndrome in human beings.

*Requirement:* Participants should have some basic knowledge in chemistry and the biological/biomedical sciences.

**Contact:** Chulabhorn Research Institute (CRI) 54 Kamphaeng Phet 6 Rd., Lak Si, Bangkok 10210, Thailand  
Tel: +66 2 553 8535 Fax: +66 2 553 8536 E-mail: envtox@cri.or.th

Is the nominee able physically and mentally to carry on intensive study away from home?

Is the nominee free from infectious diseases (such as tuberculosis, leprosy, syphilis and filariasis) and other conditions (such as psychosis and drug addiction) which could present risks for anyone during the fellowship period?

Does the nominee have any condition or defect which might require treatment during the fellowship period?

Full name and address of  
Examining physician (printed)

.....  
.....  
.....  
.....  
.....

Physician signature .....M.D.

(.....)

Date .....