ด่วนมาก

บันทึกข้อความ

ส่วนราชการ ส่วนพัฒนาทรัพยากรบุคคล สำนักบริหารทรัพยากรบุคคล โทร. ๐ ๒๕๘๓ ๔๑๙๓ - ๔

ที่ สบค ๒๓๐๐ **วันที่** ๒๓ กุมภาพันธ์ ๒๕๖๕

เรื่อง ทุนศึกษาหลักสูตร Flood Disaster Risk Reduction

เรียน ผู้อำนวยการสำนัก/กอง/กลุ่ม/สถาบัน

ด้วยกระทรวงการต่างประเทศ ได้มีหนังสือ ที่ กต ๑๖๐๒.๓/๒๘๖ ลงวันที่ ๔ กุมภาพันธ์ ๒๕๖๕ แจ้งว่าขอให้ส่งผู้สมัครรับทุนรัฐบาลญี่ปุ่น เพื่อส่งเจ้าหน้าที่เข้ารับการศึกษาหลักสูตร Flood Disaster Risk Reduction ระดับปริญญาโท ระยะเวลา ๑ ปี ระหว่างวันที่ ๒๘ กันยายน ๒๕๖๕ ถึงวันที่ ๑๖ กันยายน ๒๕๖๖ ณ JICA Tsukuba ประเทศญี่ปุ่น โดยแหล่งทุนจะรับผิดชอบค่าใช้จ่ายต่าง ๆ รวมทั้งค่าเดินทางไป – กลับระหว่างประเทศ ซึ่งผู้มีสิทธิสมัครรับทุนต้องมีคุณสมบัติ ดังนี้

๑. คุณสมบัติของผู้สมัครตามที่แหล่งทุนกำหนด ดังนี้

๑.๑ สำเร็จการศึกษาปริญญาตรีในสาขาวิชาวิศวกรรมโยธา การจัดการน้ำ การบรรเทาสาธารณภัย หรือสาขาอื่น ๆ ที่เกี่ยวข้อง

๑.๒ เป็นวิศวกร หรือ นักวิจัย ที่มีประสบการณ์มากกว่า ๓ ปี ในด้านการจัดการแม่น้ำหรืออุทกภัย

๑.๓ มีความรู้ความชำนาญในการใช้คอมพิวเตอร์

๑.๔ มีความสามารถในการพูดและเขียนภาษาอังกฤษในระดับดีมาก และมีผลทดสอบทางภาษาอังกฤษตามที่กำหนด

๑.๕ ได้รับการรับรองจากแพทย์ว่ามีสุขภาพแข็งแรงพอที่จะศึกษาต่อในประเทศญี่ปุ่น

๑.๖ มีอายุระหว่าง ๒๕ – ๔๒ ปี นับตั้งแต่วันที่ ๑ ตุลาคม ๒๕๖๕

๒. คุณสมบัติของผู้สมัครตามข้อกำหนดของกรมความร่วมมือระหว่างประเทศ ดังนี้

๒.๑ เป็นข้าราชการพลเรือนตั้งแต่ระดับชำนาญการขึ้นไปหรือเทียบเท่า หรือมีคุณสมบัติอื่น ๆ ตามที่กำหนดไว้ในระเบียบว่าด้วยการให้ข้าราชการไปศึกษา ฝึกอบรม และดูงาน ณ ต่างประเทศ (กขต.)

๒.๒ ต้องได้รับการบรรจุเป็นข้าราชการหรือโอนมาปฏิบัติงานในหน่วยงานที่เสนอชื่อสมัครรับทุนแล้วไม่น้อยกว่า ๑ ปี นับถึงวันปิดรับสมัครของกรมความร่วมมือฯ

๒.๓ ไม่อยู่ในระหว่างการสมัครขอรับทุนอื่นที่อยู่ในความดูแลของกรมความร่วมมือฯ (ทุนประเภท ๑ (ข))

๒.๔ กรณีเคยได้รับทุนประเภทที่ ๑ (ข) ไปศึกษา ณ ต่างประเทศ จะต้องกลับมาปฏิบัติงานแล้วไม่ต่ำกว่า ๒ ปีและในกรณีที่เคยได้รับทุนสัมมนา/ดูงาน ที่มี ระยะเวลาไม่เกิน ๑ เดือน จะต้องกลับมาปฏิบัติงานแล้วไม่ต่ำกว่า ๑ ปี นับถึงวันปิดรับสมัครของกรมความร่วมมือฯ

๒.๕ สามารถเข้าร่วมอบรม “live” ผ่าน Zoom Meeting ได้ตลอดหลักสูตร

๒.๖ กรณีเคยสละสิทธิการสมัครรับทุนที่ดำเนินการผ่านกรมความร่วมมือฯ จะต้องสละสิทธิแล้วไม่ต่ำกว่า ๑ ปี นับแต่วันที่ยินยอมให้สละสิทธิถึงวันปิดรับสมัครของกรมความร่วมมือ

๒.๗ กรณีเคยได้รับทุนและยุติการรับทุนก่อนที่จะสำเร็จหลักสูตร โดยไม่มีเหตุผลอันสมควรและไม่ได้รับอนุญาตจากกรมความร่วมมือฯ และส่วนราชการที่เกี่ยวข้อง จะไม่มีสิทธิสมัครรับทุนใด ๆ เป็นเวลา ๒ ปี นับแต่วันที่ผู้รับทุนได้ยุติการรับทุน ถึงวันปิดรับสมัครของกรมความร่วมมือฯ และในกรณีที่แหล่งทุนแจ้งยุติการให้ทุนศึกษา ฝึกอบรม ดูงาน/สัมมนา หรือปฏิบัติการวิจัย จะไม่มีสิทธิสมัครรับทุนใด ๆ เป็นเวลา ๕ ปี นับจากวันที่กรมความร่วมมือฯ แจ้งหน่วยงานที่ผู้รับทุนสังกัด

ในการนี้...

ในการนี้ สำนักบริหารทรัพยากรบุคคล จึงขอให้หน่วยงานของท่านพิจารณาเสนอชื่อข้าราชการในสังกัดที่มีคุณสมบัติเหมาะสมตามที่แหล่งทุนกำหนด จำนวน ๑ ราย และผู้สมัครรับทุนจะต้องมีผลคะแนนการทดสอบภาษาอังกฤษชุด DIFA TES ของสถาบันการต่างประเทศเทวะวงศ์วโรปการ กระทรวงการต่างประเทศ ทักษะการอ่านและทักษะการฟังอย่างน้อยระดับ C1 หรือผลการทดสอบภาษาอังกฤษ IELTS อย่างน้อย ๖.๐ หรือ TOEFL iBT อย่างน้อยระดับ ๗๙ หรือ TOEIC อย่างน้อย ๘๐๐ คะแนน อย่างใดอย่างหนึ่ง และผลการทดสอบดังกล่าวต้องมีอายุไม่เกิน ๒ ปี นับจากวันที่เข้ารับการทดสอบ โดยขอให้ผู้สมัครรับทุนกรอกข้อมูลในรายละเอียดเกี่ยวกับผู้สมัครรับทุน (แบบพิมพ์ทุน ๑ ติดรูปถ่ายขนาด ๑ หรือ ๒ นิ้ว จำนวน ๑ รูป) พร้อมทั้งสำเนาผลการทดสอบภาษาอังกฤษ ส่งให้ฝ่ายฝึกอบรมภายนอกและจัดการความรู้ ส่วนพัฒนาทรัพยากรบุคคล สำนักบริหารทรัพยากรบุคคล เพื่อรวบรวมเสนอกรมพิจารณาคัดเลือกและอนุมัติให้สมัครรับทุน ภายในวันที่ ๗ มีนาคม ๒๕๖๕

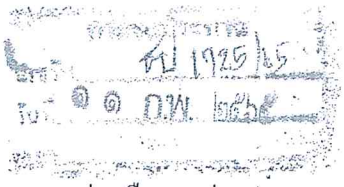
จึงเรียนมาเพื่อโปรดพิจารณา

ว่าที่ร้อยตรี
(ยุทธนา จันทโรภาส)
ผพบ.บค. ปฏิบัติราชการแทน ผส.บค.

เรียน ผอ.ส่วน, ผอช.ภาค, ทน.๑-๙ บอ.

เพื่อโปรดทราบ หากมีผู้ประสงค์สมัครคัดเลือกขอรับทุนดังกล่าว โปรดส่งรายชื่อพร้อมเอกสารการสมัคร ให้ฝ่ายบริหารบุคคลและสวัสดิการ ส่วนบริหารทั่วไป ภายในวันที่ ๔ มีนาคม ๒๕๖๕ เพื่อดำเนินการต่อไป

(นางฐิตาภา ทุมวงษา)
ผบท.บอ.
๓ มี.ค. ๒๕๖๕



ที่ กต ๑๖๐๒.๓/ ๒๘๖

กรมความร่วมมือระหว่างประเทศ
ศูนย์ราชการเฉลิมพระเกียรติ ๘๐ พรรษา
อาคารรัฐประศาสนภักดี ชั้น ๘ ทิศใต้
ถนนแจ้งวัฒนะ กทม. ๑๐๒๑๐

๘ กุมภาพันธ์ ๒๕๖๕

เรื่อง ทุนศึกษาหลักสูตร Flood Disaster Risk Reduction

เรียน อธิบดีกรมชลประทาน

สิ่งที่ส่งมาด้วย ๑. สำเนาหนังสือองค์การความร่วมมือระหว่างประเทศแห่งญี่ปุ่น (JICA) ประจำประเทศไทย ที่ ๒๐๒๒๐๑๒๘๐๐๐๑ – ๒ ลงวันที่ ๒๘ มกราคม ค.ศ. ๒๐๒๒ พร้อมรายละเอียดหลักสูตร
๒. รายละเอียดเกี่ยวกับการสมัครขอรับทุน
๓. รายละเอียดเกี่ยวกับผู้สมัครรับทุน
๔. ใบสมัครรับทุนรัฐบาลญี่ปุ่น

ด้วยรัฐบาลญี่ปุ่นเสนอให้ทุนแก่รัฐบาลไทย เพื่อส่งเจ้าหน้าที่เข้ารับการศึกษาหลักสูตร Flood Disaster Risk Reduction ระดับปริญญาโท ระยะเวลา ๑ ปี ระหว่างวันที่ ๒๘ กันยายน ๒๕๖๕ ถึงวันที่ ๑๖ กันยายน ๒๕๖๖ ณ JICA Tsukuba ประเทศญี่ปุ่น ดังมีรายละเอียดตามสิ่งที่ส่งมาด้วย ๑

กรมความร่วมมือระหว่างประเทศพิจารณาแล้วเห็นว่า การศึกษาดังกล่าวเป็นประโยชน์ต่อบุคลากรในหน่วยงานของท่าน ในการนี้ จึงขอความร่วมมือพิจารณาเสนอชื่อผู้สมัครที่มีศักยภาพและมีคุณสมบัติเหมาะสม จำนวน ๑ ราย ที่มีผลการทดสอบภาษาอังกฤษชุด DIFA TES ของสถาบันการต่างประเทศเทวะวงศ์-วโรปการ กระทรวงการต่างประเทศ ทักษะการอ่านและทักษะการฟังอย่างน้อยระดับ C1 หรือผลการทดสอบภาษาอังกฤษ IELTS อย่างน้อยระดับ 6.0 หรือ TOEFL iBT อย่างน้อยระดับ 79 หรือ TOEIC อย่างน้อย 800 คะแนน อย่างใดอย่างหนึ่ง ทั้งนี้ ผลการทดสอบดังกล่าวต้องมีอายุไม่เกิน ๒ ปี นับจากวันที่เข้ารับการทดสอบ โดยให้ผู้ที่ได้รับการเสนอชื่อจัดทำรายละเอียดเกี่ยวกับผู้สมัครรับทุน ตามสิ่งที่ส่งมาด้วย ๒ – ๔ และส่งคืนให้กรมความร่วมมือระหว่างประเทศ พร้อมใบสมัครรับทุนรัฐบาลญี่ปุ่นและสำเนาผลทดสอบภาษาอังกฤษ ภายในวันที่ ๒๑ มีนาคม ๒๕๖๕ ด้วย จักขอบคุณมาก เพื่อจะได้ดำเนินการในส่วนที่เกี่ยวข้องต่อไป

จึงเรียนมาเพื่อโปรดพิจารณา

ขอแสดงความนับถือ

(นายชีวินท์ ณ ถลาง)
รองอธิบดี ปฏิบัติราชการแทน
อธิบดีกรมความร่วมมือระหว่างประเทศ

กองความร่วมมือด้านทุน
โทร. ๐ ๒๒๐๓ ๕๐๐๐ ต่อ ๔๓๑๐๗ (สุพิชฌาย์)
โทรสาร ๐ ๒๑๔๓ ๙๓๒๕
ไปรษณีย์อิเล็กทรอนิกส์ saraban1600@mfa.go.th และ sakkanichotphun88@gmail.com

แบบพิมพ์ทุน ๑
กรมความร่วมมือระหว่างประเทศ

ติดรูปถ่าย

รายละเอียดเกี่ยวกับผู้สมัครรับทุน

(โปรดกรอกรายละเอียดให้ละเอียดและตัวบรรจง)

ส่วนที่ ๑: แหล่งผู้ให้ทุน/หลักสูตร (นำส่งเพียงคนละ ๑ ชุด)

แหล่งผู้ให้ทุน.....
ชื่อหลักสูตร/สาขาวิชา/ระยะเวลา.....
.....
.....
ณ ประเทศ.....

สำหรับเจ้าหน้าที่กรมความร่วมมือระหว่างประเทศ
ได้ตรวจสอบคุณสมบัติขั้นต้นแล้ว
☐ มีคุณสมบัติถูกต้องตามที่กรมฯ และแหล่งทุนกำหนด

ส่วนที่ ๒: สังกัดของผู้สมัครรับทุน

ชื่อหน่วยงาน (ภาษาไทย).....
(ภาษาอังกฤษ).....
ที่อยู่ที่ติดต่อได้.....
แผนก/ฝ่าย/กอง.....
โทรศัพท์..... โทรสาร..... โทรศัพท์(บ้าน).....
โทรศัพท์มือถือ..... E-mail Address: .....
บุคคลที่ผู้สมัครประสงค์จะให้ติดต่อในกรณีเร่งด่วน : ชื่อ.....โทรศัพท์.....

ส่วนที่ ๓: ประวัติส่วนบุคคลและการศึกษา

ชื่อ (นาย/นาง/นางสาว).....นามสกุล.....
Name (Mr./Mrs./Miss).....Surname.....
ชื่อ/นามสกุลเดิม (ในกรณีที่มีการเปลี่ยนชื่อ/นามสกุล)
นาย/นาง/นางสาว.....นามสกุล.....
Name (Mr./Mrs./Miss).....Surname.....
อายุ.....ปี.....เดือน (เกิดวันที่.....เดือน.....พ.ศ.....)
สถานภาพสมรส: ☐ โสด ☐ สมรส ☐ อื่น ๆ .....
วุฒิการศึกษา/สาขา.....
.....
สถาบัน/ประเทศ.....
.....
คะแนนรวมซึ่งได้รับจากการศึกษาระดับปริญญาตรี (เฉพาะผู้ขอรับทุนการศึกษา).....

ส่วนที่ ๔: ประวัติการรับทุน

เคยได้รับทุนที่ดำเนินการผ่านกรมความร่วมมือระหว่างประเทศ (เฉพาะ ๒ ครั้งสุดท้าย) คือ

๑. แหล่งผู้ให้ทุน.....เพื่อไป ☐ ศึกษา ☐ ฝึกอบรม ☐สัมมนา ☐ ดูงาน ☐ ประชุม

สาขาวิชา/หลักสูตร.....

ระหว่างวันที่.....ณ ประเทศ.....

๒. แหล่งผู้ให้ทุน.....เพื่อไป ☐ ศึกษา ☐ ฝึกอบรม ☐สัมมนา ☐ ดูงาน ☐ ประชุม

สาขาวิชา/หลักสูตร.....

ระหว่างวันที่.....ณ ประเทศ.....

นอกเหนือจากการสมัครรับทุนครั้งนี้ อยู่ในระหว่างการสมัครรับทุนจากองค์การ/รัฐบาลอื่นหรือไม่

☐ ไม่อยู่ระหว่างการสมัครรับทุนอื่น

☐ อยู่ระหว่างการสมัครรับทุน.....

.....

ส่วนที่ ๕: ประวัติการทำงาน (อดีตและปัจจุบัน)

ตำแหน่ง	ระยะเวลา (วัน/เดือน/ปี)	หน่วยงาน	หน้าที่ความรับผิดชอบ

ข้าพเจ้าขอรับรองว่า ข้าพเจ้าเป็นผู้มีคุณสมบัติตรงตามคุณสมบัติของผู้สมัครรับทุนที่กรมความร่วมมือระหว่างประเทศได้แจ้งเวียนให้ทราบ และข้อความที่แจ้งไว้ในแบบพิมพ์นี้ถูกต้องและเป็นความจริงทุกประการ หากปรากฏภายหลังว่าไม่เป็นไปตามที่ข้าพเจ้ารับรองไว้ให้ถือว่าข้าพเจ้าเป็นผู้ขาดคุณสมบัติในการสมัครรับทุนครั้งนี้

(ลงชื่อผู้สมัครรับทุน).....

(.....)

...../...../.....

This guideline explains how to apply for the Knowledge Co-Creation program (KCCP) of the Japan International Cooperation Agency (JICA) under the Official Development Assistance Program of the Government of Japan.
Please complete the Application Forms according to the guideline. For additional information, please consult the JICA Office, or in its absence, the Embassy of Japan in your country.

Form	Filled by
Form1. Official Application Form	• To be filled by you and your supervisor* • To be signed by your supervisor • Official stamp of your organization is needed.
Form2. Nomination from the Organization	You and your supervisor *
Form3. Individual Application Form	You
Form4. Questionnaire on Medical Status and Restrictions	You
Form5. Terms and Conditions, and Declaration	You

*Supervisor: the head of the department/division of your organization

Please be advised:

(a) To carefully read the General Information (GI) of the KCCP,
(b) To fill only in typewritten except for signature,
(c) To fill in the form in **English**,
(d) To use "√" or "x" to mark the ( ) options,
(e) To attach your photographs,
(f) To prepare document(s) described in the GI and/or confer with the JICA Expert or JICA overseas office, and attach these documents to the completed Application Forms,

In submitting the Application Forms and attached documents, please make sure:

(g) To prepare a copy of your passport,
(h) To confirm the application procedure stipulated by your government,
(i) To submit the original Application Forms with all necessary document(s) to the responsible organization of your government according to its application procedure, and
(j) That your participation may be denied, if you fail to provide all required information and documents completely and on time.

Japan International Cooperation Agency

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CHECK LIST before submission:

Items	Form No.	Check
1. Fill in all items in typewritten	All the forms	
2. Your signature	Form 3, 4, 5	
3. Signature of your supervisor*	Form 1, 2	
4. Official stamp of your organization	Form 1	
5. Your photo	Form 3	
6. Attach a copy of passport (Machine Readable Zone) *Applicants from Latin American and the Caribbean Countries, please refer to the note below.	-	
7. Attach the required document(s) as instructed in the GI	-	

*Supervisor: the head of the department/division of your organization

Note for Applicants from Latin American and the Caribbean Countries:

(1) If you are from any of the countries listed below and have a passport with a valid U.S. visa, please attach herewith a copy of Identification Pages on the inside cover of your passport (i.e. the two pages that include your photograph and detailed passport information), and the page of U.S. visa:

Antigua and Barbuda, Argentina (only Japanese descendants), Barbados, Bolivia, Brazil, Chile, Colombia, Dominica, Ecuador, Grenada, Guatemala, Guyana, Haiti, Mexico, Peru, Rep. of Dominica, St. Christopher and Nevis, St. Lucia, St. Vincent and the Grenadines, Suriname, or Venezuela.

(2) If you are from any of countries listed below and have a passport without a valid U.S. visa, please attach herewith a copy of Identification Pages on the inside cover of your passport (i.e. the two pages that include your photograph and your detailed passport information).

Belize, Costa Rica, El Salvador, Honduras, Jamaica, Marshall, Micronesia, Nicaragua, Palau, Panama, Paraguay, Trinidad and Tobago, and Uruguay.

*To be signed by your supervisor (the head of the relevant department / division of your organization).

1. Course Title (as shown in the GI)

2. Course Number (the number as "xxxxxxxxxJxxx "shown in the GI)

3. Course Duration

From | | to | | (DD/MM/YYYY)

4. Country

5. Organization

6. Name of the Nominee(s)

1)	3)
2)	4)

7. Confirmation by the organization in charge

Our organization hereby applies for the Knowledge Co-Creation Program of the Japan International Cooperation Agency and proposes to dispatch qualified nominees to participate in the programs.

Date:		Signature:		
Name:				
Title / Position				Official Stamp
Department / Division				
Office Address and Contact Information	Address:			
	Tel:	E-mail:		Fax:

(If necessary) Confirmation by the organization in charge

I have examined the documents in this form and found them true. Accordingly, I agree to nominate this person(s) on behalf of our government.

Date:		Signature:	
Name:			Official Stamp
Title / Position			
Department / Division			

Application form for the JICA Knowledge Co-Creation Program

*To be signed by your supervisor (the head of the relevant department / division of your organization).

1. Reason for nominating the Applicant

Please describe the reason(s) why the Applicant was selected, referring to the following points; 1) Program requirement, 2) Capacity/Position, 3) Future plan to be done by the Applicant after the KCCP, 4) Future plan of your organization and 5) Others.

2. Expectation and Future Plan of Actions

Please describe how your organization shall make use of the expected achievement of the Applicant after the program, in addressing the said issues or problems.

By nominator (head of relevant department/division)

Date

Name and
Title/Position

Signature

Application form for the JICA Knowledge Co-Creation Program:

*To be filled by Applicant.

1. Course Title: (as shown in the GI)

2. Course Number: (the number as "xxxxxxxxxJxxx "shown in the GI)

Attach here your photo

(taken within the last six months)

Size: 4.5x3.5cm

3. Personal Information on Applicant

1) Name of Applicant (as shown in the passport)

*Please type the name as shown in the passport carried. The information will be used for flight arrangements.

Family Name /Surname

First Name

Middle Name

2) Nationality (as shown in the passport)				
3) Sex	( ) Male		( ) Female	
4) Date of Birth	Date	Month (ex. April)	Year	Age (as of the date of the form)

5) Passport/Visa

Passport possession	( ) Yes	( )No	Expiry date of passport	Date	Month	Year
USA visa possession*	( ) Yes	( )No				

*Applicants from Latin American and the Caribbean Countries only.

6) Contact Information

Private	Address:	
	TEL*:	Mobile*:
	FAX*:	E-mail:
Office	Address:	
	TEL*:	Mobile*:
	FAX*:	E-mail:
Emergency Contact	Name: Relationship to you:	
	Address:	
	TEL*:	Mobile*:
	FAX*:	E-mail:

*Please fill it out from country code for telephone, mobile, and fax number.

7) Present Position

Organization		
Year that entered the organization		
Department / Division		
Title		
No. of years of service in the present position	Years	From (Month/Year)
Type of Organization	( ) National Government ( ) Local Government ( ) Public Enterprise ( ) Private (profit) ( ) NGO/Private (Non-profit) ( ) University ( ) Other _____	
Number of employees		
Home Page Address		

Questionnaire on Relationship with the Military

***If your organization and/or your status is related to the Military, please mark with ✓ or X below in the ( ) which best describes the relationship.**

( ) the Military, an active military personnel or a military personnel listed in the muster roll/military register
( ) an organization affiliated with the Military, or a personnel who does not belong to the military at present but is listed in the muster roll/military register
( ) the Department or the Ministry of Defense; an organization affiliated with the Ministry of Defense, or staff of the Ministry of Defense
( ) an civilian organization but with military personnel or a military division within the organization
( ) an organization which will be affiliated with or under the control of the Military in times of emergency as specified clearly in its organic law/law of establishment

4. Experience and Eligibility

1) Career Background (After graduation and before taking the present position)

*Only Applicants for KCCP (Group and Region Focused) are requested to fill in this part.

Organization	City/ Country	Period		Position or Title and Department/Division	Brief Job Description
		From Month/Year	To Month/Year		

2) Academic Background (University, College or Higher Education)

Institution	City/ Country	Period		Degree	Major
		From Month/Year	To Month/Year		

3) Experience of Training or Study in Foreign Countries (including all the training experience in JICA's programs)

*Only Applicants for KCCP (Group and Region Focused) are required to fill in this part.

Institution	City/ Country	Period		Field of Study / Program Title
		From Month/Year	To Month/Year	

4 Language Proficiency (Self-Assessment)

1) Language to be used in the course (as shown in GI)				
Listening	( ) Excellent	( ) Good	( ) Fair	( ) Poor
Speaking	( ) Excellent	( ) Good	( ) Fair	( ) Poor
Reading	( ) Excellent	( ) Good	( ) Fair	( ) Poor
Writing	( ) Excellent	( ) Good	( ) Fair	( ) Poor
Language Test Scores if any (ex. TOEFL, TOEIC, etc.)				
2) Mother Tongue				
3) Other languages ( )	( ) Excellent	( ) Good	( ) Fair	( ) Poor

Excellent	Refined fluency skills and topic-controlled discussions, debates & presentations. Formulates strategies to deal with various essay types, including narrative, comparison, cause-effect & argumentative essays.
Good	Conversational accuracy & fluency in a wide range of situations: discussions, short presentations & 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 & expanded paragraph formation.
Poor	Simple conversation level, such as self-introduction, brief question & answer using the present and past tenses.

5. Background and Purpose of Application

1) **Current challenges in the organization in relation to the theme of the KCCP you are applying:** Describe the issues that your organization/department intends to tackle by participating in this program.

2) **Main duties of Applicant:** Describe your main duties and responsibilities in relation to this program.

3) **Relevant Experience of Applicant:** Describe previous occupational experiences that is highly relevant in this program.

4) **Your individual Goal:** Elaborate on your plans to apply the lessons learned from this program to your organization.

5) **Area of Interest and/or your expectation:** Specify your particular interest with reference to the contents of this program.

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Date
Name and Title/Position
Signature

(Self-Declaration)

1. Present Medical Status

(a) Have you taken any medicine or had a medical checkup by a physician for your illness such as diabetes, hypertension, asthma, etc.?

[ ] No	[ ] Yes: Name of illness ( ), Name of medicine ( )
	If yes, please attach your doctor's letter (preferably, written in English) that describes the current status of your illness, and gives agreement to your participation in the program.

(b) Do you have any allergies with medicine, food, pollen, etc.?

[ ] No	[ ] Yes: What are you allergic to? What kind of allergic symptoms do you have such as itch, rash, hives, etc.? ( )

(c) Please indicate any needs arising from disabilities that may require additional support or facilities.

( )

Note: Disability will not lead to exclusion of the Applicant from the program. However, the Applicant may be directly inquired by the JICA official in charge for a more detailed account of his/her condition.

2. Medical History

(a) Have you had any illness such as heart, hepatic, kidney disease, etc.?

[ ] No	[ ] Yes: Please specify ( )

(b) Have you or/and your family members had tuberculosis?

[ ] No	[ ] Yes: Please specify ( )

(c) Have you ever been a patient in a mental clinic or been treated by a psychiatrist?

[ ] No	[ ] Yes: Please specify ( )

(d) Have you ever had any sleeping, eating or other disorders?

[ ] No	[ ] Yes: Please specify ( ) Name of medicine taken if any ( )

3. Other Medical Issues/Conditions

If you have any medical issues/conditions that are not described above, please indicate below.

* Are you pregnant?

[ ] No	[ ] Yes: Weeks of pregnancy (weeks)

I certify that I have read the above instructions and answered all questions truthfully and completely to the best of my knowledge.

I understand and accept that medical conditions resulting from an undisclosed pre-existing condition may not be financially compensated by JICA and may result in termination of the program.

I understand and accept that this questionnaire will be checked for my health care by the people who are engaged in the program during my stay in Japan.

By Applicant

Date Name and Title/Position Signature

※Please notify JICA staff upon any changes in your health condition after submission of the form.

1. General Rules

The participants are requested:

(1) to strictly observe the course schedule,

(2) not to change the air ticket (and flight class and flight schedule arranged by JICA) and lodging by the participants themselves,

(3) to understand that leaving Japan during the course period (to return to home country, etc.) is not allowed (except for programs longer than one year),

(4) not to bring or invite any family members (except for programs longer than one year),
(5) to carry out such instructions and abide by such conditions as may be stipulated by both the nominating Government and the Japanese Government in respect of the course,
(6) to observe the rules and regulations of the program implementing partners to provide the program or establishments,
(7) not to engage in political activities, or any form of employment for profit,
(8) not to quit the program, should the participants violate Japanese laws or JICA's regulations, or the participants commit illegal or immoral conduct, or get critical illness or serious injury and be considered unable to continue the course,
(9) to return the total amount or a part of the expenditure for the KCCP depending on the severity of such violation, should the participants violate the laws and ordinances,
(10) not to drive a car or motorbike, regardless of an international driving license possessed,
(11) to observe the rules and regulations at the place of the participants' accommodation, and
(12) to refund allowances or other benefits paid by JICA in the case of a change in schedule.

2. Privacy Policy

The participants are requested to understand Privacy Policy of JICA as follows.

(1) Scope of Use

Any information used for identifying individuals that is acquired by JICA will be stored, used, or analyzed only within the scope of JICA activities. JICA reserves the right to use such identifying information and other materials in accordance with the provisions of this Privacy Policy.

(2) Limitations on Use and Provision

JICA shall never intentionally provide information to a third party that can be used to identify individuals, with the following three exceptions:

(a) legally mandated disclosure requests;
(b) the information provider grants permission for information disclosure to a third party;
(c) JICA commissions a party to process information collected, in which case the information provided will be within the scope of the commissioned tasks.

(3) Security Notice

JICA takes any measures required to prevent leakage, loss, or destruction of acquired information, and to otherwise properly manage such information.

*Information Security Policy of JICA in relation to Personal Information Protection

- JICA will properly and safely manage personal information collected through Application Forms in accordance with JICA's Privacy Policy and the relevant laws of Japan concerning protection of personal information and take protection measures to prevent divulgation, loss or damages of such personal information.
- Unless otherwise obtained approval from the Applicant him/herself or there are valid reasons such as disclosure under the laws and ordinances, etc. and except for the reasons 1-3 below, JICA will neither provide nor disclose personal information to any third party. JICA will use personal information provided only for the purposes in 1-3 below and will not use the information for any purposes other than those described in 1-3 below without prior approval of the Applicant him/herself.

1. To provide the KCCP to Participants.
2. To provide the KCCP to Participants under the Citizens' Cooperation Activities.
3. In addition to 1 and 2 above, if the government of Japan or JICA determines it necessary in technical cooperation.

※JICA's policy for the transfer of personal data from the European Economic Area (EEA) to outside the EEA (to Japan and third countries);

JICA has revised "Bylaws for the Implementation of Personal Information Protection" which was published based on Japan's legislation by adding new provisions regarding how to deal with personal data within the EEA in order to meet General Data Protection Regulations (GDPR's) requirements for data protection. Based on the new bylaws, JICA entered into the EU Standard Contractual Clauses (SCCs) which allows us to transfer personal data from offices within the EEA to offices outside the EEA (in Japan and third countries).

3. Copyright Policy

The participants are requested to comply with the following;

1. The participants shall use all the documents provided for the KCCP (including texts, materials, etc.), within the scope approved by each copyright holder.
   If the participants apply to online KCCP, the participants shall also comply with terms of use of copyrighted works for the online KCCP that are shown on the JICA website. (https://www.jica.go.jp/english/our_work/types_of_assistance/tech/acceptance/training/index.html)

2. All the documents for the KCCP (including reports, action plans, presentations, etc.) shall be prepared by the participants themselves in principle. If the participants use a third party's work (reproduction, photograph, illustration, map, figures, etc.), which is protected under the laws and regulations in the participants' country or copyright-related multinational agreements, the participants shall obtain a license to use the work within the scope approved by the copyright holder.

3. The participants shall agree that JICA may use the documents prepared by the participants (including but not limited to reproduction, public transmission, distribution and modification) for other programs conducted by JICA (for example, as reference for other KCCP courses and project formulation).

4. Portrait Right Policy

During the implementation period of KCCP, JICA (including hired photographer and

program implementing partners) will shoot photographs and video footage mainly for the following purposes:

- Use on the website or in SNS administrated/operated by JICA,
- Use in JICA publications (public relations magazines, annual reports, journals, etc.) in printed or electronic form,

*Photos and images taken will not be used for commercial purposes and the participants' personal information will not be disclosed to any third party without the consent of the participants.

JICA would appreciate it if the participants of KCCP grant the participants themselves portrait right license to JICA for photos and images taken described above.
It is, however, not a requirement of KCCP. The participants do not agree to grant the participants themselves portrait right license to JICA, has absolutely no problem in participating KCCP. JICA respects the intention of each Participant.

DECLARATION (to be signed by the Applicant)

- I understand and fully agree to the following terms and conditions set forth above.
  1. General Rule
  2. Privacy Policy
  3. Copyright Policy

I will be subject to any penalties imposed as a consequence of my failure to abide by the above terms and conditions.

I understand the intention of JICA on "4.Portrait Right Policy" mentioned above, and my intention for usage/publication of photographs and videos including the portrait of myself by JICA for the purpose above is as follows:
□ Agree □ Disagree

I certify that the statements I made in this form are true, complete and correct to the best of my knowledge and belief.

By Applicant

Date
Name and Title/Position
Signature

(To be submitted with the Application Form)

Inception Report

for the Knowledge Co-Creation Program (Group & Region Focus)
on"Flood Disaster Risk Reduction"
(JFY 2022)

Note:
(1) This report must be submitted with the Application Form for the JICA Training and Dialogue Program. Applicants without this report will be out of the selection.
(2) This report must be prepared by the applicant himself/herself with the cooperation of the participating organizations.
(3) This report must be typewritten in English, no more than 6 pages (12-point font, double-spaced, A4 size paper) and in the following format.

1. Please fill your following information.

(1) Name:
(2) Organization:
(3) Present Post:
(4) Country:
(5) E-mail:

2. Please fill the following items about your organization and department.

(1) Mission, Objective, and Role:
What are the Missions/Objectives/Roles of your organization?
(2) Activities:
What are the activities of your organization to achieve those missions?

3. Please show your organization chart and indicate your position.

Please attach your organization chart.

4. Please explain your job experience related to flood control and water resources in the last 10 years.

** Please add the item according to your situation.*

(1) Period:
(2) Organization:
(3) Position:
(4) Outline of duties:

5. Please explain issues which you have to solve or any difficulties on your work.

Please describe the issues, difficulties and reasons (technical and organizational/institutional) in detail.

** Please add the item according to your situation.*

(1) Technical Aspects: Issues, Difficulties, and Reason
(2) Organizational/Institutional Aspects: Issues, Difficulties, and Reason

6. In the fields of flood-related disaster mitigation, what topics are you interested in?

Please describe the topics, subjects and the reason why you are interested in those topics

** Please add the item according to your situation.*

7. Please explain your future plans to apply expected results of the program in order to work on projects related flood disaster mitigation after returning to your country.

8. If you have any request, please write down.

END

ANNEX-III: Course Schedule (tentative) ADVANCE INFORMATION : Internal Use Only

Course Schedule (*tentative*) 2022-2023

Year	Date		Program
2022	September	28 (Wed)	Arrival to Japan
		30 (Fri)	Briefing at JICA Tsukuba
	October	1 (Sat)	Holiday
		2 (Sun)	Holiday
		3 (Mon)	Entrance Guidance and Orientation at GRIPS
		4 (Tue)	Start of Lecture at ICHARM
		Mid	Presentation on Inception Report
		Late	Field Trip (1)
	November	Late	Intensive lectures at GRIPS
	December	Early	Intensive lectures at GRIPS
		Mid	Field Trip (2)
		29 (Thu)	
2023	January	↓	Winter Vacation
		3 (Tue)	
		Late	1st Interim Presentation on Master's thesis
	February		
	March	Early	Field Trip (3)
		Late	2nd Interim Presentation on Master's thesis
	April		
		Late	Field Trip (4)
	May		
		Mid	3rd Interim Presentation on Master's thesis
		Late	Field Trip (5)
	June		
	July	Early	4th Interim Presentation on Master's thesis
		Late	Submit the draft of Master's thesis
	August	Early	Final Presentation on Master's thesis
		Late	Submit Master's thesis to the GRIPS/Submit a training summery report to JICA
	September	13 (Wed)	Closing Ceremony at JICA, Graduation Ceremony at GRIPS
		15 (Fri)	Apostille
		16 (Sat)	Return to home country

ANNEX I Check List
Application Materials for GRIPS/PWRI Master's Program

1. The Application Process

Selection for admission is based on the evaluation of supporting documents submitted. Before starting your application, please carefully review the following application process.

You will NOT be registered as an applicant until we have received a complete set of your required supporting documents by post.

If you have applied to GRIPS in previous years and wish to reapply this year, any supporting documents you submitted previously cannot be used for this year's application.

Please note that if you provide any false or misleading statement or incomplete or inaccurate information in your application, your application may not be screened, you may be denied admission or, if you have been admitted, you may be dismissed from GRIPS.

Ensure that all supporting documents meet our requirements (see Section 2).

All of your supporting documents must reach the JICA office (or the Embassy of Japan) by the designated deadlines. It is your responsibility to prepare all supporting documents far enough in advance so as to meet the designated deadline. Incomplete applications and applications received after the deadline will not be considered.

Applicants are responsible for the timely delivery to the JICA office (or the Embassy of Japan) of all required documents. We strongly recommend that you send the documents by registered mail or courier service well ahead of the deadline.

Applicants must send all required supporting documents together in one package. Make sure to write your name on the envelope.

You may have your official transcripts and certificates of graduation/degree sent directly to us by the registrars of the universities you have attended.

All materials submitted by an applicant become the property of GRIPS and will not be returned. Please make sure to keep one copy of your application for your records.

Protection of personal information

All personal information that we receive from applicants will be used solely for the purposes of admissions screening, collecting statistical information, student registration, educational affairs, and collection of tuition. All information provided by applicants in their applications and supporting documents will remain confidential.

2. Supporting Documents

Important notes

- All documents must be in English.
- Faxed documents or digital copies sent by e-mail will not be accepted.
- Do not attach any additional documents apart from the items listed below.
- If your name as written in your application is different from that on the document(s) you submit, please submit a copy of the relevant pages of your passport. If there is some reason (e.g. marriage) for the difference, please also submit official documentation of that reason (e.g. marriage certificate).
- Supporting documents, which can be prepared solely by the applicant, should be typed or printed wherever possible (A4 size paper and single-sided printing are preferable). If circumstances require, documents legibly handwritten with a pen or a ballpoint pen are acceptable.

ANNEX I Check List

Please check ☑ whether you have submitted all the necessary documents

1.	**Application for admission to GRIPS/PWRI Master's Program** (use the designated form) Please prepare a photograph of your face, in accordance with the stipulations on the form, and paste it onto the form.	☐
2.	**Two (2) letters of recommendation** (use the designated form) Your letters of recommendation must be written by faculty members or job supervisors who are familiar with your academic and/or professional abilities. Ideally, one recommendation letter should come from a former professor or academic supervisor. You are required to obtain the letters from your recommenders using the designated form and submit them by post. Each of your letters must contain both of the two A4 pages provided. Letters submitted that do not use our designated forms will not be accepted. They must be submitted in sealed, unopened envelopes signed across the flap by the recommender.	☐
3.	**Certificate of employment** (use the designated form) You are required to submit this if you are currently employed. You are required to request your employer to prepare a certificate (including a leave of absence approval, if applicable).You are required to obtain a certificate (including a leave of absence approval, if applicable) from your employer using the designated form and submit it by post.	☐
4.	**Official transcripts of academic record and graduation/degree certificates** You are advised to show the instructions below to registrars at each of the universities that you attended when you request issuance of transcripts/certificates in accordance with our requirements. You must submit official transcripts of academic record and graduation/degree certificates from all undergraduate and graduate institutions that you attended/graduated from. These must be documents issued by the university and bearing the seal or signature of the registrar, and they must be submitted in sealed, unopened envelopes with the university logo and address noted; the envelopes must be signed or stamped across the flap by the issuing school authorities. • Official transcripts of academic record Official transcripts should contain the following information: - Name of the degree program/course - Enrollment period - Names of all courses taken and grades received - Grading scale including the maximum grade point/score If you are currently attending a university, please submit your most recent transcript. • Official graduation/degree certificates Official certificates should state the name of your degree and the date the degree was awarded. Provisional or temporary graduation/degree certificates are not acceptable. DO NOT send your original diploma, as documents will not be returned. If you are currently attending a university, you must submit an authorized statement certifying the specific date of graduation and the title of the expected degree. Important notes ➢ Photocopies of transcripts/certificates that have been verified by a notary public are not acceptable. ➢ If a university has a policy not to issue more than one official transcript/certificate, you may submit official photocopies verified by the university. To be official, these must bear the institution's official stamp or the signature of the registrar. They must be submitted in sealed, unopened envelopes with the university logo and address noted; the envelopes must be signed or stamped across the flap by the issuing school authorities. ➢ If a university cannot issue an official English version of your transcript/certificate, you are required to submit both: - The official transcript/certificate (photocopies are not acceptable), written in its original language and bearing the institution's stamp or the signature of the registrar, and	☐

	- An official verbatim English translation of the document, prepared by an accredited translator.	
5.	**Official evidence of English ability** You are required to submit an official report of your TOEFL iBT or IELTS score. Admission priority will be given to applicants who have a TOEFL iBT score of 79 or higher, or an IELTS Academic score of 6.0 or higher. Please note that English test scores are valid for two years from the test date, and therefore, tests must have been taken within two years of the time of enrollment at GRIPS. TOEFL PBT, revised TOEFL Paper-delivered Test and TOEFL ITP scores are not acceptable. How to apply for a waiver of the English language proficiency requirement (There are two categories in our English test exemption policy.) Category 1: Applicants who have completed or expect to complete an undergraduate or a graduate degree at an accredited institution located in the USA, the UK, Canada, Australia, New Zealand, or Ireland will be automatically exempted from submitting an English test score. Category 2: Applicants who have completed or expect to complete an undergraduate or a graduate degree at an institution where the language of instruction is English may request a waiver of the English language proficiency requirement. If you wish to apply for such a waiver, you must submit official documents issued by the educational institution you attended, certifying that your undergraduate or graduate education was conducted entirely in English. If the official transcript of your academic record or graduation/degree certificate includes that information, you need not submit a separate document. This document must bear the seal or signature of the registrar, and it must be submitted in a sealed, unopened envelope with the university logo and address noted; the envelope must be signed or stamped across the flap by the issuing school authority. You are advised to show these instructions to the registrar at the university that you attended when you request issuance of the document in accordance with our requirements	☐
6.	**Statement of purpose** (use the designated form) For details on required content, please see the explanation on the designated form.	☐
7.	**Certificate of health** (use the designated form)	☐

3. After You Apply

Notify the JICA office (or the Embassy of Japan) of any changes

You must notify the JICA office (or the Embassy of Japan) by e-mail as soon as possible of any changes in your personal data (e.g. address, phone number) or in your employment information (e.g., promotion, transfer) that may occur after you have completed your application.

Details regarding the graduate program may be obtained at the following websites:
https://www.grips.ac.jp/en/
http://www.pwri.go.jp/eindex.html

Disaster Management Policy Program by GRIPS and PWRI In Co-operation with JICA, Japan

For GRIPS Use: Application ID- [ ]

APPLICATION FOR ADMISSION TO GRIPS/PWRI MASTER'S PROGRAM 2022-2023

(Please type or print, and use normal text, NOT "ALL CAPITAL LETTERS.")

Photograph

Taken within the last three months, providing a clear, front view of your entire face.

(4cm x 3cm)

Please complete each section as fully and accurately as possible. Please respond to all questions. The information you provide is essential in reviewing your application.
Please note that if you provide any false or misleading statement or incomplete or inaccurate information in your application, your application may not be screened, you may be denied admission or, if you have been admitted, you may be dismissed from GRIPS.

PERSONAL DATA

1. Full name: _____
As written in your passport, from left to right, top to bottom (English alphabet only)

2. Date of birth: _____ 3. Age (as of October 1st, 2022): _____
Month/Day/Year

4. Gender: ☐ Male ☐ Female 5. Marital status: ☐ Single ☐ Married

6. Nationality: _____
As written in your passport

7. Present employer (name of organization): _____

(Does your organization belong to a central or regional authority? ☐ Central ☐ Regional ☐ Neither)
(Upon admission to GRIPS, ☐ I will be given study leave by my employer. ☐ I will quit my job.)

8. Present position, department/section: _____

9. Work address: _____

_____

Postal code: _____ Country: _____

TEL: _____ - _____
Country code - complete number

10. Residential address: _____

_____

Postal code: _____ Country: _____

TEL: _____ - _____
Country code - complete number

11. Preferred mailing address: ☐ Work ☐ Residence ☐ Other, namely (Fill in the following fields.)

Address: _____

_____

Postal code: _____ Country: _____

TEL: _____ - _____
Country code - complete number

12. E-mail 1: _____

E-mail 2: _____

APPLICATION INFORMATION

13. Education History

Tertiary Education

- List the names of the undergraduate and graduate (if applicable) institutions you attended or are currently attending.
- Enter the names of the degrees you received and dates of enrollment at each institution.
- If your official transcript of academic records or graduation/degree certificate states your GPA, honors, class, or rank, enter this information as it is shown in your transcript or certificate.
- The field(s) "Year & month of graduation" must be completed in accordance with the date(s) on which your degree(s) was (were) awarded/conferred, as stated in your official graduation/degree certificate(s).
- If there is insufficient space for entering all the institutions you have attended, please add new rows as needed.

Tertiary education	Full name of institution & location (city & country)	Year & month of enrollment	Year & month of graduation	Duration of schooling	Name of degree	GPA (if available)	Honors/class/ rank/ division (if available)
Undergraduate level (Bachelor's)				years and months			
				years and months			
				years and months			
Graduate level (Master's/ Doctoral)				years and months			
				years and months			
				years and months			

From Primary to Secondary Education (Before Tertiary Education)

- If there is insufficient space for entering all the institutions you have attended, please add new rows as needed.

From primary to secondary education	Full name of institution	Period of attendance		Duration of schooling
		(from) Month, year	(to) Month, year	
Elementary school				years and months
Middle school/Junior high school				years and months
(Senior) High school				years and months

Total number of years and months of education * (from elementary education to undergraduate/graduate education inclusive)	years and months

*Calculate and write the total number of years and months of education you will have completed at the time of your enrollment at GRIPS, based on your total time as a student (as detailed above, including extended leaves such as summer vacation).

14. English proficiency:
One of the following test scores is required. Please note that English test scores are valid for two years from the test date, and therefore, **tests must have been taken within two years of the time of enrollment at GRIPS.**

☐ TOEFL iBT: _____ _____

ANNEX I Application Materials for GRIPS/PWRI Master's Program

	Score	Month/Day/Year
☐ IELTS Academic:	_____	_____
	Score	Month/Day/Year

Other information:
- ☐ Undergraduate education instructed in English
- ☐ Graduate education instructed in English

Location of the accredited institution where you have completed or expect to complete an undergraduate/graduate degree:
- ☐ The USA, the UK, Canada, Australia, New Zealand, or Ireland
- ☐ Other country

15. List below two persons familiar with your academic and/or professional activities, from whom you have requested letters of recommendation.

1. _____ (Name) _____ (Position and affiliation)

2. _____ (Name) _____ (Position and affiliation)

16. List your current and previous employment (up to five positions) **in reverse chronological order**, starting with your most recent position.

Organization, type, & city	Job title and description (maximum 20 words)	Dates (from) Month, year	Dates (to) Month, year

CERTIFICATION

I certify that to the best of my knowledge all information given above is correct and complete, and I understand that any omission or misinformation may invalidate my admission or result in dismissal.

_____ Signature of the applicant

_____ Month/Day/Year

Please submit this form along with other supporting documents by courier or registered mail.

Disaster Management Policy Program by GRIPS and PWRI In Co-operation with JICA, Japan

For GRIPS Use: Application ID- [ ]

LETTER OF RECOMMENDATION 2022-2023

TO THE APPLICANT: Please complete this section ("Your name" and "Recommender's name"), and give this form to your recommender who knows you well. Have your recommender complete the form, put it in an envelope, seal the envelope, sign it across the flap, and return the letter to you. Include this letter with your application and all the other application materials when sending in your application.

Your name: _____
As written in your passport, from left to right, top to bottom (English alphabet only)

Recommender's name: _____

TO THE RECOMMENDER: Please write a recommendation letter for the above applicant, sign it, enclose it in an envelope, seal the envelope, and sign it across the flap. Return the sealed envelope to the applicant. This recommendation letter will remain confidential and will be used for application screening purposes only. You may attach additional sheets if the space provided is insufficient.

1. How long have you known the applicant? _____ years _____ months

2. In what capacity have you known the applicant?

_____

3. How often have you interacted with the applicant?
☐ Daily ☐ Weekly ☐ Monthly ☐ Rarely

4. In comparison with other students/staff whom you have known in the same field, how would you rate the applicant's overall **academic** ability?

☐ Outstanding (top 5%)
☐ Excellent (top 10%)
☐ Good (top 20%)
☐ Average (top 50%)
☐ Below average (lower 50%)
☐ Unable to comment

5. In comparison with other students/staff whom you have known in the same field, how would you rate the applicant's overall **professional** ability?

☐ Outstanding (top 5%)
☐ Excellent (top 10%)
☐ Good (top 20%)
☐ Average (top 50%)
☐ Below average (lower 50%)
☐ Unable to comment

6. Please evaluate the applicant in the areas below as excellent, average, poor, or unable to comment.

	Excellent	Average	Poor	Unable to comment
Academic performance	☐	☐	☐	☐
Intellectual potential	☐	☐	☐	☐
Creativity & originality	☐	☐	☐	☐
Motivation for graduate study	☐	☐	☐	☐

7. Discuss the applicant's competence in his/her field of study, as well as the applicant's career possibilities as a professional worker, researcher, or educator. In describing such attributes as motivation, intellectual potential, and maturity, please discuss both strong and weak points. Specific examples are more useful than generalizations.

8. Discuss the applicant's character and personality. Please comment on his/her social skills, emotional stability, leadership skills, and reliability.

9. **For university professors and instructors only**
Is the applicant's academic record indicative of the applicant's intellectual ability? If no, please explain.

10. Additional comments, if any.

11. How would you evaluate the applicant's overall suitability as a candidate for admission to a graduate program at the National Graduate Institute for Policy Studies?

☐ Outstanding ☐ Good ☐ Average ☐ Poor

Name of person completing this form: _____

Position/title: _____

Name of organization: _____

Address: _____

TEL: _____ E-mail: _____

Country code - complete number

Signature: _____ Date: _____

Month/Day/Year

Disaster Management Policy Program by GRIPS and PWRI
In Co-operation with JICA, Japan

For GRIPS Use: Application ID-

CERTIFICATE OF EMPLOYMENT 2022-2023

ANNEX I Application Materials for GRIPS/PWRI Master's Program

This form must be completed by, or under the authority of, the applicant's employer or equivalent official. Please note that the official stamp or seal of, and signature by, any person other than the above persons will be considered as invalid.

This certificate must contain the same information (e.g., position, department/section, name of organization) as that stated in the applicant's Application Form.

EMPLOYER DETAILS

Name of organization: _____

Address: _____

_____ Postal code: _____

TEL: _____ E-mail: _____

Country code - complete number

EMPLOYEE DETAILS

This is to certify that _____

Full name of applicant (as written in his/her passport)

has been employed by this organization from _____ to _____

Month/Day/Year — Month/Day/Year

Please write "Present" above if the person is on a permanent contract.

Present position, department/section: _____

Responsibilities: _____

_____

Civil servant qualification (e.g., BCS, IAS, IRS, CSS), if applicable: _____

This applies to applicants from Bangladesh, India and Pakistan.

LEAVE OF ABSENCE APPROVAL

Please tick only one box below.

- ☐ I will approve a leave of absence for the above employee to study at GRIPS if he/she is admitted for a period of one year.
- ☐ I will not approve a leave of absence for the above employee to study at GRIPS if he/she is admitted.

Authorized person completing this form:

Name: _____

Position/title: _____

Signature: _____

Date: _____

Month/Day/Year

Please put an official stamp or seal in this space.
If the official stamp or seal is in your local language and an English version is not available, please write its English translation in the margin of this form.

Disaster Management Policy Program by GRIPS and PWRI In Co-operation with JICA, Japan

For GRIPS Use: Application ID-

STATEMENT OF PURPOSE 2022-2023

Please state your purpose for studying at GRIPS, the area of study you wish to pursue, your short-term and long-term career goals, and how your qualifications and experience match the requirements of the program you are applying for. Summarize your present duties and responsibilities and describe how your studies at GRIPS might contribute to your career. If you are still in school, describe your future career aims and explain how your studies at GRIPS would help you achieve them. (300-500 words)

ANNEX I Application Materials for GRIPS/PWRI Master's Program

健康診断書

CERTIFICATE OF HEALTH (to be completed by the examining physician)

日本語又は英語により明瞭に記載すること。
Please fill out (PRINT/TYPE) in Japanese or English. **Do not leave any items blank.**

氏名
Name : _____ _____ _____
Family name, First name Middle name

□男 Male □女 Female

生年月日 Date of Birth :

年齢 Age :

1．身体検査 Physical Examinations

(1) 身　長 Height _____ cm　　体　重 Weight _____ kg

(2) 血　圧 Blood pressure _____ mm/Hg _____ mm/Hg

血液型 Blood Type

ABO	RH

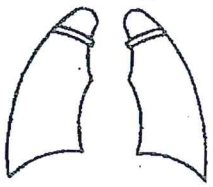
脈拍数 Pulse Rate _____ /min □整 regular □不整 irregular

(3) 視　力 Eyesight : (R) _____ (L) _____ 裸眼 without glasses　(R) _____ (L) _____ 矯正 with glasses or contact lenses

(4) 聴　力 Hearing : □正常 normal □低下 impaired　言　語 speech : □正常 normal □異常 impaired

申請者の胸部について，聴診とX線検査の結果を記入してください。X線検査の日付も記入すること（6ヶ月以上前の検査は無効。）
Please describe the results of physical and X-ray examinations of applicant's chest x-ray (X-ray taken more than 6 months prior to the certification is NOT valid).

肺



□正常 normal
□異常 impaired

Date _____

Film No. _____

Describe the condition of applicant's lung.

_____

心臓
Cardiomegaly: □正常 normal □異常 impaired

心電図
Electrocardiograph
□正常 normal □異常 impaired

3．現在治療中の病気 Disease & Treatment at Present　□Yes (Disease: _____ Medicine: _____)　□No

4．既往症 Past history : Please indicate with ＋ or － and fill in the date of recovery.

Tuberculosis……□(. .)
Epilepsy……□(. .)
Diabetes……□(. .)
Functional disorder in extremities……□(. .)
Rheumatic fever……□(. .)
Malaria……□(. .)
Kidney disease……□(. .)
Drug allergy……□(. .)
Hepatitis……□(Type: A, B, C, D, E) (. .)
Measles……□(. .)
Heart diseases……□(. .)
Psychosis……□(. .)
Others……□(. .)

ワクチン接種歴 Vaccination history

MMRV (Measles, Mumps. Rubella, Zoster)……□ Time(s) ( )
MMR (Measles, Mumps. Rubella)……□ Time(s) ( )
MR (Measles, Rubella)……□ Time(s) ( )
M (Measles)……□ Time(s) ( )
Mumps……□ Time(s) ( )
Chicken pox……□ Time(s) ( )
Polio……□ Time(s) ( )
Diphtheria Pertussis Tetanus combined……□ Time(s) ( )
Hepatitis B……□ Time(s) ( )
Meningitis……□ Time(s) ( )

検　査 Laboratory tests

検　尿 Urinalysis:glucose( ),protein ( ),occult blood ( )　検　便 Feces: Parasite(egg of parasite)(+,−)
赤沈 ESR : _____ mm/Hr, WBC count : _____ x10³/μl, Hemoglobin: _____ g/dl, ALT: _____ u/l
Pregnancy test ( ) if you are female

診断医の印象を述べて下さい。 Please describe your impression.

志願者の既往歴；診察・検査の結果から判断して，現在の健康の状況は充分に留学に耐えうるものと思われますか？
In view of the applicant's history and the above findings, is it your observation his/her health status is adequate to pursue studies in Japan
yes □　no □

日付 Date: _____　署名 Signature: _____

医　師　氏　名
Physician's Name in Print: _____

検査施設名
Office/Institution: _____

所在地