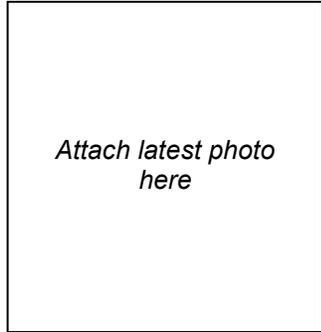




INTERNATIONAL RICE RESEARCH INSTITUTE

### APPLICATION FORM

Please type or write clearly in English and submit to  
Office of Scholars Affairs (OSA)  
Training Center  
International Rice Research Institute  
DAPO Box 7777, Metro Manila, Philippines  
FAX: (63-2) 580-5699, 845-0606  
Email: [IRRITraining@cgiar.org](mailto:IRRITraining@cgiar.org)  
Website: <http://www.training.irri.org/>



- Note:** Only complete application documents will be processed. Completed application form should be received by IRRI on or before December 31 of each year with the following documents:
- Updated Curriculum Vitae
  - Official Transcript of Records
  - Certificate of English Proficiency; TOEFL score of 600 (250 on the computer based test) or its equivalent. IRRI may conduct an on-site or telephone interview as deemed necessary.
  - Letter of Recommendation from an expert of the same research area.
  - ADB-JSP Application form /Information Sheet

Date of Application: \_\_\_\_\_

Name in Full: \_\_\_\_\_ Sex: \_\_\_\_\_ Age: \_\_\_\_\_  
(please underline your family name)

Official Title: \_\_\_\_\_

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

Fax Number: \_\_\_\_\_ Telephone Number: \_\_\_\_\_ Office email (if available): \_\_\_\_\_

Permanent Address: \_\_\_\_\_  
(House Number/Street) (City) (State/Country)

Telephone Number: \_\_\_\_\_ Fax Number : \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Place of Birth: \_\_\_\_\_ Date of Birth (mm/dd/yy): \_\_\_\_\_

Nationality \_\_\_\_\_ Citizenship \_\_\_\_\_ Religion \_\_\_\_\_

Marital Status: \_\_\_\_\_ Spouse's Name: \_\_\_\_\_

Passport Number: \_\_\_\_\_ Place of Issue: \_\_\_\_\_

Date of Issue: \_\_\_\_\_ Passport's Expiry Date \_\_\_\_\_

Name and Full Address of Nearest Philippine Embassy or Consulate Office  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Child/Children:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



D. EXPERIENCE IN RESEARCH/EXTENSION ON RICE AND RICE-BASED CROPPING SYSTEMS. ***(Briefly describe the research or extension projects that you have conducted on your own or in collaboration with others in the past 3-5 years and the results you obtained. If necessary, attach on a separate sheet descriptions of these projects and copies of publications based on these.)***

E. PROSPECTS FOR THE FUTURE. ***(Briefly describe the position and duties you expect to fulfill when you return from training at IRRI.)***

F. REMARKS. ***(Cite here additional facts relevant to your application, i.e., foreign travel, academic and scientific honors received, articles published, etc.)***

**AREAS OF INTEREST**

G. SUBJECTS OF ADVANCED RESEARCH YOU WISH TO CARRY OUT:

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*(Describe the type of training you think would be most valuable to you and state the reason why.)*

**PROGRAM DETAILS**

H. Date you expect to begin your training/research at IRRI, if accepted:

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I. Length of time needed to complete the research (in months).

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J. LANGUAGE PROFICIENCY. *(Give an assessment of your proficiency in any foreign language, indicating whether it is fair, good, or excellent.)*

<b>Language</b>	<b>Reading Ability</b>	<b>Speaking Ability</b>	<b>Writing Ability</b>
<u>English</u>			
<u>Other (specify)</u>			

K. EMERGENCY ADDRESS. *(Give name of nearest relatives or other addresses to contact in case of emergency.)*

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address (including e-mail, if available) \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address (including e-mail, if available) \_\_\_\_\_

L. APPLICANT'S ATTESTATION

I hereby certify that the above statements are true and verifiable.

Name/Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

M. RECOMMENDATION FROM AN EXPERT OF THE SAME RESEARCH AREA

I am pleased to endorse the application of \_\_\_\_\_, for an MSc Scholarship Program at IRRI and UPLB under the ADB/JSP Program. On the basis of his/her general capability and technical proficiency, he/she will be able to effectively carry out his/her MSc program. Attached is a letter with my assessment of the candidate for work in this area of research.

Name/Signature of Scientist \_\_\_\_\_ Date \_\_\_\_\_

Full address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_